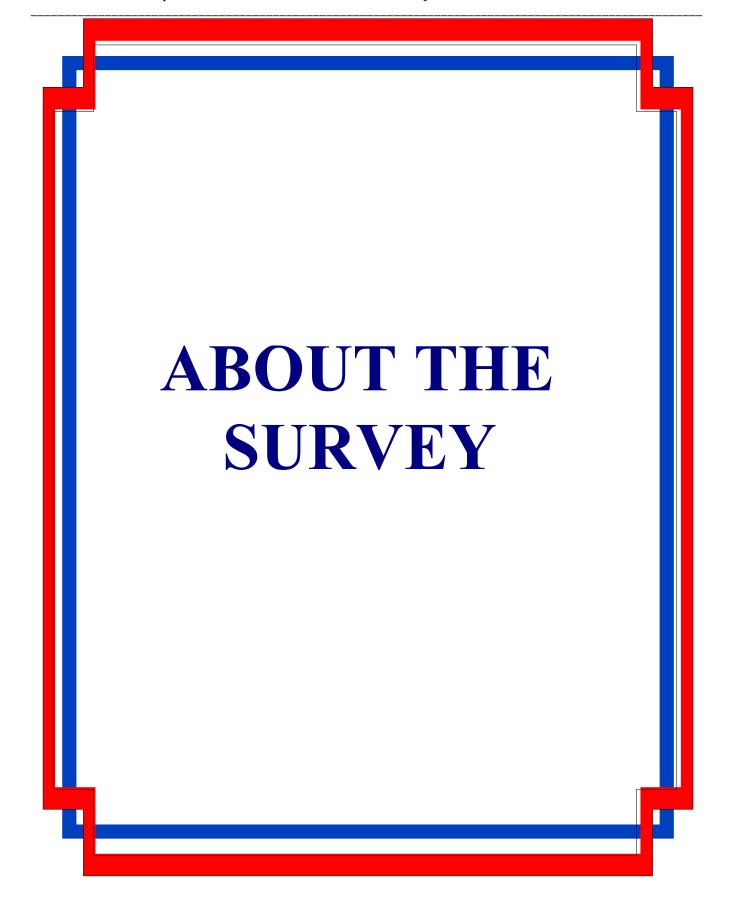
Indiana Department of Insurance Report

The Waiver Project Survey

November 1, 2004

Riggs Research Services Indianapolis, Indiana



INFORMATION ABOUT THE SURVEY

A review of the Waiver Project:

This research project was authorized by an act of the Indiana General Assembly which states the "commissioner of the department of insurance shall after June 30 each year beginning in 2004 perform written or oral interviews with each available certificate holder of a certificate of coverage issued under IC-27-8-5-19.2, as added by this act, and compile the results of the interviews and report the results to the legislative council ... not later than November 1, 2004. [See Senate Enrolled Act No. 341.]

The Commissioner of Insurance was authorized to select three insurance companies to participate in the demonstration project. The three companies selected were Central Reserve Life, Continental General, and Unicare. Each insurance company was authorized to issue up to one thousand five hundred (1500) certificates of coverage containing a waiver. The insurers were required to bear all costs of the demonstration project "including any research, analysis, and reporting related to the demonstration project.

The questionnaire was developed after consultation with health care professionals and policy makers. The cooperation of the Commissioner of Insurance, the Deputy Commissioner of Insurance and members of the professional staff at the Department of Insurance all were especially helpful. Input was sought from representatives of the insurance industry and their suggestions also contributed to the development of the questionnaire.

INFORMATION ABOUT THE SURVEY

A review of the Waiver Project: [continued]

Question wording was reviewed and adjusted to enhance clarity, validity and reliability. There were thirty eight questions in the questionnaire, three of which were open-end, which generated forty two pages of verbatim comments.

The survey questionnaire was divided into five parts: Part One – Public Policy Questions and Insurance History with Opinions; Part Two – Specific Questions Concerning the Waiver Project; Part Three – Specific Questions Concerning Persons Denied a Waiver; Part Four – Additional Public Policy Questions; and Part Five – Demographic and Geographic Questions.

The insurance companies provided Riggs Research Services with the names and phone numbers of 104 respondents that had received health insurance coverage with a waiver for a preexisting condition (some respondents received two waivers). They also supplied the phone numbers of approximately 900 respondents that were denied a waiver.

INFORMATION ABOUT THE SURVEY

A review of the Waiver Project: [continued]

Trained interviewers employed by Riggs Research Services conducted the telephone data collection. All interviews were obtained on a Computer Assisted Telephone Interview (CATI) system. Errors may result from such things as question wording, respondents' inattention, pace of speech by the interviewer, and a host of other factors. Each of these is given special attention during the supervision of the data collection phase of the project. We have no reason to believe there are any significant biases in the data analyzed in this report.

The survey was conducted between the dates of August 23, 2004, and September 19, 2004. The calls generated 128 completed interviews which was used to create the data tables and the conclusions discussed in this report. The disposition for the data collection effort is as follows:

1.10
449
188
13
527
54
19
117
3
63
7
17
156
0
128
128
17
88%
1,741
25:20 minutes
11:30 minutes



THE MOST SALIENT FINDINGS

Waiver Authorization:

The Senate Enrolled Act No. 341 authorized three insurance companies doing business in Indiana to each issue a maximum of 1,500 health policies with one or two waivers attached (total of 4,500 potential Hoosiers covered with a waiver). The three companies were authorized to issue certificates of coverage for accident and sickness insurance polices with a waiver after June 30, 2003, and before July 1, 2005.

Thus far, around 100 policies with a waiver have been issued, while nearly 900 applicants have been denied coverage with a waiver.

Legislative Guidelines:

The survey indicates the three companies are following the legislative guidelines very closely.

The waiver recipients were very consistent in their responses to specific questions that dealt with the legislative guidelines. Eight of ten of these respondents typically said "yes to these questions about the requirements placed on the companies.

The waiver recipients that stated something other than what was required by the legislation may have been confused by the question or perhaps they misunderstood the waiver requirements.

Recommendation: A more aggressive and comprehensive effort to educate the waiver recipients on the guidelines associated with the program.

THE MOST SALIENT FINDINGS

[continued]

Waiver Recipients Opinions of Health Care Providers:

The waiver recipients opted for a "neutral evaluation of insurance companies that issue coverage for accident and sickness.

The mean score was 5.30; the median score was 5.43; and the mode at 5. A majority of the respondents selected a score between 1 and 5 (52%) and the remainder selected a score between 6 and 10 (48%).

Waiver Recipients Opinions of the Waiver Project:

The waiver recipients were either uncertain or lacked enthusiasm about specific points associated with the current waiver project and possible future changes in the program.

The waiver recipients were unclear as to what will happen to their health coverage at the end of the waiver period. The guidelines are specific on this issue, but the respondents are very confused. They think they will be terminated or will experience substantial rate increases. A minority of the respondents understood they would continue to be covered by their insurer.

<u>Recommendation:</u> A more aggressive and comprehensive effort to educate the waiver recipients on the guidelines associated with the program.

A substantial majority of the waiver recipients rejected the idea of the waiver period being extended from a two year program to a five year program (70%).

A majority of the waiver recipients rejected the idea of health care coverage without a waiver being issued at a 20% increase in premiums if the applicant has a preexisting condition (56%).

THE MOST SALIENT FINDINGS

[continued]

Waiver Recipients Opinions of the Waiver Project: [continued]

Eight of ten of the waiver recipients believe the waiver project is going to be more beneficial to the insurance companies (80%) as opposed to giving more Hoosiers health care coverage that would likely not be covered without a waiver.

All Respondents Address Health Care Concerns:

The two groups of respondents, the waiver recipients and the persons denied a waiver, were asked a series of questions about their health care concerns and their opinions about past and present health care providers.

The respondents said they want the governor and the legislature to address the following issues in the next session of the General Assembly: the high cost of health coverage and prescription medication; ratcheting up the level of government regulations of the insurance industry; government guaranteed health coverage; the preexisting condition issue; and concerns related to diabetes, cancer, and heart trouble. Several respondents summed up their message to the elected representatives and the governor with three words – affordable health insurance. [See the verbatim comments section for Question 4]

The respondents said they were most worried about the following health care issues: the high cost of insurance with such limited coverage; preexisting conditions; affordable healthcare; high deductibles and the companies not paying health care claims; high cost of prescription drugs; and the diabetes, cancer, and heart trouble concerns. [See the verbatim comments section for Question 5]

THE MOST SALIENT FINDINGS

[continued]

All Respondents Address Health Care Concerns: [continued]

Two-thirds of all respondents gave a positive assessment of their experience with health care providers in the past five years (67%).

A majority of all respondents gave a positive assessment of their current insurance company and the health care coverage they have received (51%), while a significant minority were dissatisfied (43%). The waiver recipients split their opinions to 49% satisfied and 42% dissatisfied. The respondents that were denied a waiver split their opinions to 55% satisfied and 45% dissatisfied.

All Respondents Address Public Policy Issues:

Over eight of ten respondents believe available health care for Indiana is seriously off on the wrong track (83%). The waiver recipients split their opinions to 70% wrong track and 23% right direction. The respondents that were denied a waiver split their opinions to 95% wrong track and 5% right direction.

Over seven of ten respondents oppose extending the waiver period from the current two year period to five years (72%). The waiver recipients split their opinions with 78% opposed to the extension to five years and 19% supporting the extension. The respondents that were denied a waiver split their opinions with 66% opposed to the extension and 30% supporting it.

THE MOST SALIENT FINDINGS

[continued]

All Respondents Address Public Policy Issues: [continued]

Over nine of ten respondents agreed that no Hoosier should be refused services they need just because of an inability to pay for the service (95%). The support among the waiver recipients was 95% and the support from the persons denied a waiver was 94%.

Over nine of ten respondents agreed that the government should make sure all Hoosiers have basic health insurance for both doctor and hospital care (92%). The support among the waiver recipients was 88%, while the support from the persons denied a waiver was 97%.

Over nine of ten respondents agreed that all Hoosiers should have the right to the same amount and the same quality of health care service, regardless of personal income or personal health status (91%). The support among the waiver recipients was 84%, while the support from the persons denied a waiver was 99%.

Nearly nine of ten respondents disagreed with the statement that said doctors and hospitals should not be forced to treat patients without insurance and can not afford to pay for the services (88%). The waiver recipients were not willing to allow doctors or hospitals to say no to Hoosiers in need of care; 84% rejected the idea. The persons denied a waiver were even more emphatic in their rejection; 92% of them disagreed with the idea that the medical professionals could turn Hoosiers away for any reason.

Waiver Policy and Legislative Guidelines:

Seven questions dealt directly with the manner in which the three insurance companies were implementing the waiver program within the guidelines as stated in Senate Enrolled Act No. 341. The seven questions are as follows: 1) this question was actually a screening question to ensure only waiver recipients would participate in this series of questions; 2) the respondents were asked to identify the insurer that issued their coverage with a waiver; 3) the respondents were asked about the number of waivers attached to their current health plan; 4) they were asked if they received notification of their waiver in a manner prescribed by the regulation; 5) they were asked if they understood they could request removal of their waiver before the completion of the waiver time period if they believed the circumstances associated with the waiver no longer existed; 6) they were asked if they were issued a benefit card with clear instructions on how to verify the issuance of the waiver; and 7) they were asked if medical advice was given at any time in the twelve months prior to the issuance of their waiver for their preexisting condition.

Sixty-four respondents said they currently have health insurance with a waiver for a preexisting condition. These respondents constitute 100% of the survey sample of waiver recipients. [Q.11]

When the respondents were asked which of the **three insurance companies** had issued their health coverage with a waiver for a preexisting condition, 11% said they didn't know. Three-fourths of the respondents identified Unicare as their insurer (76.6%), one in ten said Continental General was their insurer (9.4%), and only 3.1% said Central Reserve Life had issued their policy with a waiver. The commissioner of insurance was given the authority to select the above mentioned companies to participate in the waiver project. [Q.12]

[continued]

Waiver Policy and Legislative Guidelines: [continued]

The regulations state the certificate of coverage shall "not include more than **two** (2) waivers per individual. Two-thirds of the respondents said they have one waiver with their health coverage (67.2%), one of eleven said they have two waivers on their current health plan (14.1%). Nearly one in five respondents were confused or unaware of the details of their policy; 7.8% said they had three or more waivers, which is not possible under the current regulation with the waiver project; and additional 11% said they didn't know the number of waivers on their current health policy (total "confused respondents – 18.8%). [Q.13]

The regulation requires "a written notice ... stating in **bold print** an explanation of the conditions associated with the waiver for a preexisting condition. Eight of ten of the waiver recipients said they did receive proper notice from the insurer (79.7%). However, one in five either did not receive such a notice (12.5%) or said they did not know if they were notified properly (7.8%). [Q.18]

The regulation states "the insurer agrees to **review the underwriting basis** for the waiver upon request one (1) time per year; and remove the waiver if the insurer determines that evidence of insurability is satisfactory. A third of the waiver recipients said they understood that to be the case (34.4%), another third disagreed (34.4%), and a third said the didn't know about this possibility (31.3%). Confusion and a lack of information or understanding is a major problem here. [Q.19]

The regulation states that "an insurance **benefit card** issued by the insurer to the applicant includes a telephone number for verification of coverage waived. Over eight of ten respondents said they received the benefit card with all the proper information (81.3%). Just under one in five were either uncertain about the benefit card (7.8%) or they said they did not receive such a card (10.9%). [Q.20]

[continued]

Waiver Policy and Legislative Guidelines: [continued]

The regulation precludes the insurer from establishing waiver endorsements that are more restrictive than the medical community has determined "during the twelve (12) months immediately preceding the effective date of enrollment in the plan. The respondents were asked if they sought medical advice at anytime during the twelve months prior to their current health plan coverage with a waiver; a majority said they did not have medical advice concerning their preexisting condition during the twelve months prior to their present coverage (56.3%), while 43.8% said they did receive medical advice. [Q.21]

Waiver Respondent's Opinions of Their Current Health Plan:

Each waiver recipient was asked to **rate his current health care insurance** coverage on a 1 to 10 scale, with 10 being a "very high positive opinion and a 1 being a "very low negative opinion. [Q.22]

The mean score was 5.30. The median score was 5.43. The mode was 5.

The total percentage of evaluations from 1 to 5 was 51.7%.

The total percentage of evaluations from 6 to 10 was 48.3%.

Four waiver recipients were unable to offer an evaluation at this time.

The overall assessment from the rating scale can be classified as a "neutral evaluation.

However, these waiver respondents said they were "very satisfied (17.2%) or "somewhat satisfied (48.4%) when we asked them to evaluate the overall health care service they have received in the past five years (65.6% total positive and 34.4% total negative – see question 6).

[continued]

Waiver Respondent's Health Insurance History:

Four questions inquired into the history of the waiver recipient's prior health insurance coverage as follows: 1) Did the respondent have health insurance coverage prior to their current health plan with another insurance company; 2) if they did not have health coverage prior to their current policy, was it because of a preexisting condition; 3) was their current preexisting condition also excluded from their prior health coverage; and 4) how long was the preexisting condition waiver period with your prior health coverage?

Nine of ten of the current waiver recipients had health insurance with another insurance company **prior to their current coverage** (90.6%). Only one in ten did not have coverage prior to this waiver experience (9.4%). [Q.14]

The 9.4% respondents above were asked if their **preexisting condition** was the cause of their uninsured experience; 100% said it was not. [Q.15]

The 90.6% that had health coverage with another company prior to their current coverage were asked if their current **preexisting condition** was also excluded from their prior coverage; 89.7% of the 90.6% said their current preexisting waiver condition was not excluded from their previous health plan. However, 10.3% said their current preexisting waiver condition was excluded from their previous coverage. [Q.16]

The respondents that have had an earlier experience with a waiver (6 persons or 10.3% above) were asked how long the **waiver period** was with their prior health plan. A third of them said "less than one year (2 people or 33.3%), half said "two years (3 persons or 50.0%), and one person said "six to ten years (16.7%). [Q.17]

[continued]

Waiver Respondent's Opinions Concerning the Waiver Program:

The waiver recipients were asked four questions concerning the following: 1) what they believe will happen at the end of the waiver period; 2) would they have been willing to pay a higher premium to avoid having a waiver; 3) would they support a longer waiver period; and 4) do they believe the waiver project helps insure more Hoosiers?

The law states very clearly the insurer shall "provide for full benefits upon the **expiration of the waiver**. However, only a third of the waiver recipients believe their coverage will continue (32.8%). A majority of these respondents said their coverage will continue, but at a higher premium (59.4%). Eight percent of the respondents said they expected their health coverage to be terminated. [Q.23]

A majority of the waiver recipients said they would not have been willing to purchase their health plan at a **20% increase** in overall cost just to avoid having a waiver for a preexisting condition on their policy (56.3%). However, a very substantial minority said they would be willing to pay the 20% increase (37.5%). [Q.24]

Seven of ten waiver respondents turned down the suggestion that the **waiver period** be extended from the two year plan to a five year plan (70.3%), while nearly one in three said they would accept the longer duration of their waiver (29.7%). [Q.25]

Eight of ten of the waiver recipients believe the **waiver program** is more beneficial for the insurance industry as opposed to the idea that greater numbers of Hoosiers will receive health coverage (79.7% said the waiver project "helps insurance companies" while 15.6% said the program "helps Hoosiers"). Only five percent said they didn't know how to respond to this question. [Q.26]

SURVEY HIGHLIGHTS Of The RESPONDENTS DENIED A WAIVER

Respondents Denied a Waiver - Opinion and History:

The respondents that were denied a waiver were asked four questions concerning the following: 1) why do you believe you are unable to obtain health insurance coverage; 2) did they have health insurance before the respondents discovered they had an exclusionary preexisting condition; 3) have they been turned down for health insurance coverage in the past two years; and 4) did they notify the Indiana Department of Insurance after they were denied insurance with or without a waiver by any insurance company?

The respondents were asked why they had **difficulty getting health insurance**. This was an "open-end question, allowing the individual to give a top-of-mind comment. The plurality comment given was the fact that they had a preexisting condition that precluded them from being insurable (28.1%). About one in five said their inability to obtain health insurance was related to cancer, diabetes, or a heart condition (18.8%). The next most mentioned reason was cost of insurance. They simply said they didn't believe they could afford health insurance (17.2%). [See Verbatim Comments – Question 27]

Nine of ten of these respondents did have **health insurance** before they were found to have a preexisting condition (92.2%), while only 7.8% of them did not have health coverage prior to be turned down by one of the three insurance companies in the waiver program. [Q.28]

Slightly over nine of ten of these respondents were **turned down** for health insurance coverage at least once in the past two years (93.8%). Only 6.3% of these people that failed to get a waiver for their preexisting condition had not been refused health coverage before this experience. [Q.29]

Indiana insurance regulations have established methods for Hoosiers to seek a **redress of their grievances** when insurance companies refuse to issue a certificate of coverage. Only 12.5% said they did notify the Department of Insurance when they were turned down and 87.5% said they did not. [Q.30]

SURVEY HIGHLIGHTS Of ALL RESPONDENTS

Health Insurance History of All Respondents:

The respondents were asked three questions concerning the following: 1) have they been without health insurance at anytime in the past five years; 2) if they were without health insurance in the past five years, they were asked how long they were without health coverage; and 3) do they currently have health insurance coverage?

A majority of the respondents have not been **without health insurance** coverage in the past five years (53.9%); however, a substantial minority said they have been uninsured during this period (46.1%). A third of the waiver respondents have been uninsured (34.4%) and nearly six of ten of the respondents denied a waiver spent time without health coverage (57.8%). [Q.8]

The 46.1% of the sample discussed above were asked a follow-up question about the **duration of their uninsured experience**. Nearly half of them were without health coverage less than twelve months (49.2%), just over a fourth were without coverage between one and two years (28.8%), one in ten for as long as four years (10.2%), and just over one in ten were uninsured the entire five years (11.9%). [Q.9]

Eight of ten respondents currently have health insurance (80.5%), while nearly one in five said they do not have health coverage at this time (19.5%). All of the waiver respondents correctly stated that they have health coverage now (100%), but the respondents that were denied a waiver were a different story; six of ten said they have health coverage (60.9%) and four of ten are not insured (39.1%). The survey sample had a 19.5% uninsured subgroup. This survey figure is slightly higher than the Indiana figures for the "nonelderly as reported by The Kaiser Commission on Medicaid and the Uninsured. The Kaiser Commission reported that 15.3% of Indiana's nonelderly population is uninsured. The Commission also reported that the national figure was 17.5%. The above data can be found in The Kaiser Commission on Medicaid and the Uninsured report titled, "Health Insurance Coverage in America: 2003 Data Update Highlights, Table 13 (September 27, 2004). [Q.10]

SURVEY HIGHLIGHTS Of ALL RESPONDENTS

[continued]

The Opinion of Health Insurance Coverage of All Respondents:

The respondents were asked two questions concerning the following: 1) in general, how do they feel about the health care service they have received in the last five years; and 2) in general, how they feel about their current insurance company and the health care coverage they have provided?

Two-thirds of the respondents gave a positive assessment of their **past five year** experience with their health care service (67.2%); and a third expressed a negative opinion about their health care experience (32.9%). Two-thirds of the waiver respondents had a positive opinion of their health care service in the past (65.6%), as did two-thirds of the respondents that were denied a waiver (68.8%). Both subgroups of respondents had a negative opinion of their past experience (34.4% and 31.2%, respectively). [Q.6]

A majority of the respondents said they were satisfied with their **current insurance** company and the health care they have provided (50.8%), but a substantial minority said they were not satisfied with the experience (43.2%). Only 5.7% said they were not sure at this time. The waiver respondents split their opinion with a plurality to satisfied (48.5%), a negative of 42.2%, and 9.4% that said they didn't know. The respondents that were denied a waiver split their opinion 55% satisfied and 45% dissatisfied. [Q.7]

<u>The Public Policy Questions – Series One – All Respondents:</u>

The respondents were asked five questions concerning the following: 1) overall, do they believe Hoosier health care is on the right track; and 2) what kind of waiver policy should the legislature allow in Indiana; 3) what should be the duration of a waiver for preexisting conditions; 4) what is the most important health care problem facing the governor and the state legislature in the next legislative session; and 5) what is the one health care issue they are most worried about today?

These respondents were very emphatic about the fact that "available health care for Hoosiers is off on the **wrong track**. Over eight of ten respondents said Indiana is on the wrong track with health care (82.3%), while only 14.1% said we were headed in the right direction. Seven of ten of the waiver recipients also believe the state is on the wrong health care track (70.3%). As substantial as these first two percentages are, the Hoosiers that were denied a waiver were nearly unanimous in their opinion that the state is on the wrong track (95.3%). About a fourth of the waiver recipients took issue with the dominate opinion and said the state was headed in the right direction (23.4%). [Q.1]

A strong majority of the respondents believe "Indiana should **not allow** insurance companies to deny coverage to any preexisting condition (61.7%). About a fourth of these respondents took the position that "only certain conditions determined by the insurance companies should be issued a waiver (22.7%), while just over one in ten said "all preexisting conditions should be eligible for a waiver (11.7%). Both subgroups in the survey, the waiver respondents and the respondents that were denied a waiver, shared the high degree of support for "Indiana should **not allow** insurance companies to deny ..., (59.4% and 64.1%, respectively). [Q.2]

[continued]

The Public Policy Questions – Series One – All Respondents: [continued]

Over seven of ten of all respondents **opposed** the question of granting authority to extend the waiver period from two years to five years (71.9%). However, about a fourth said they would support extending the duration of waiver coverage (24%), and the remainder said they didn't know (3.9%). It was interesting to note that the waiver recipients were more opposed to extending the timeframe to five years than were the respondents denied a waiver (78.1% and 65.6%, respectively). Perhaps the waiver recipients are aware of the requirement for full coverage upon completion of the waiver exclusion period. [Q.3]

The respondents were given an opportunity to share their top-of-mind opinion as to the **most important health care problem** the governor and the legislature should address in the next legislative session. Over seventy percent of their comments dealt with the limited coverage of health policies, the high costs of prescriptions and medical care, a greater government involvement in the way of oversight and stronger regulations, and the fact that health care is becoming unaffordable (71.9%). These same issues received a greater percentage of mentions from the waiver recipients (76.7%), and while they constituted a substantial share of the waiver denied subgroup, they were slightly fewer mentions (67.2%). About one in six of this latter group mentioned issues related to cancer, diabetes and heart disease (15.6% - likely issues that caused their waiver denial). Only one person from the waiver group mentioned these subjects. [See Verbatim Comments – Question 4]

The respondents were also asked to share their top-of-mind opinion as to what **health care issue they are most worried about**. As they stated above, over sixty percent of their comments also dealt with the limited coverage of health policies, the high costs of prescriptions and medical care, and preexisting conditions (63.3%). Both subgroups in the survey, the waiver respondents and the respondents that were denied a waiver, mentioned these subjects in their comments (57.9% and 68.8%, respectively). [See Verbatim Comments – Question 5]

The Public Policy Questions – Series Two – All Respondents:

The respondents were asked if they agreed or disagreed with four statements concerning the following public policy issues: 1) do they believe everyone, regardless of income or health status should have the right to the same amount and the same quality of health care; 2) do they believe doctors and hospitals should have the right to refuse service to patients if they are unable to pay for the service; 3) do they believe health care services should be available to all persons irrespective of their ability to pay; and 4) do they believe government should guarantee a level of basic health care for all Hoosiers?

Nine of ten of all respondents **agreed** with the statement that "Everyone, regardless of income or health status should have a right to the same amount and same quality of health care service (91.4%). Only 8.6% disagreed with the statement. Over eight of ten of the waiver respondents agreed with the statement (84.4%), while nearly all of the respondents that were denied a waiver agreed (98.5%). Both subgroups of respondents had a percentage that disagreed, but the waiver denial group was nearly nonexistent (15.7% and 1.6%, respectively). [Q.31]

Nearly nine of ten of all respondents **disagreed** with the statement that "Hospitals and doctors should not be forced to treat patients who have no insurance and can't afford to pay for the cost of the services (88.3%). Just over one in ten agreed with the statement (11.7%). The waiver respondents split their opinion with a strong majority disagreeing with the statement (84.4%), and an agree score of 15.7%. The respondents that were denied a waiver split their opinion 92.2% disagree and 7.8% agree. [Q.32]

[continued]

The Public Policy Questions – Series Two – All Respondents: [continued]

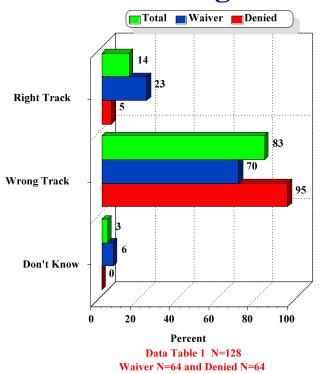
Over nine of ten of all respondents **agreed** with the statement that "Nobody should be refused health care services that they need just because they can't pay for it (94.6%). Only 5.4% disagreed with the statement. Both subgroups in the survey, the waiver respondents and the respondents that were denied a waiver, shared the high degree of support for this statement (95.3% and 93.8%, respectively). [Q.33]

Over nine of ten of all respondents also **agreed** with the statement that "Government should make sure everybody has basic health insurance for both doctor and hospital care (92.2%). Only 7.8% disagreed with the statement. The waiver recipients were slightly less enthusiastic about an increased role for government in health care, but the level of agreement with the statement was nearly nine of ten (87.5%), with only 12.5% disagreeing. On the other hand, the respondents that were denied a waiver nearly gave a unanimous endorsement to the statement (96.8). It should be noted that 39% of the "denied a waiver subgroup is presently without health care insurance. [Q.34]



<u>Public Policy – Question 1:</u> Overall, would you say available health care for Hoosiers is headed in the right direction, or do you feel health care has gotten pretty seriously off on the wrong track in Indiana?

Available healthcare for Hoosiers on the right track or wrong track?

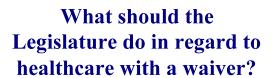


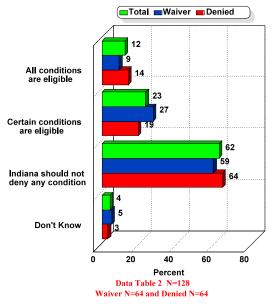
<u>The Total Survey:</u> 83% of the respondents believe health care for Hoosiers has gotten "pretty seriously off on the wrong track in Indiana. Only 14% said Indiana was on the "right track, while 3% said they didn't know how to respond.

The Waiver Respondents: 70% of the waiver respondents also believe health care for Hoosiers has gotten "pretty seriously off on the wrong track. However, nearly a fourth (23%) said Indiana was on the "right track," while 6% said they didn't know.

<u>The Respondents Denied a Waiver:</u> 95% of the respondents that were denied a waiver believe health care for Hoosiers has gotten "pretty seriously off on the wrong track. The remaining 5% said Indiana was on the "right track.

<u>Public Policy – Question 2:</u> If the Indiana State Legislature allows insurance companies providing health coverage plans in Indiana to offer Hoosiers health care with a waiver for a preexisting condition, do you think ... 1) all preexisting conditions should be eligible for a waiver, 2) only certain preexisting conditions determined by the insurance companies should receive a waiver, or 3) Indiana should not allow the insurance companies to deny coverage to any preexisting condition?



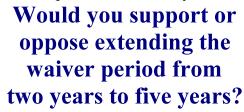


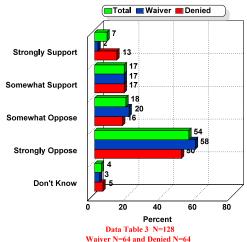
<u>The Total Survey:</u> 62% of the respondents believe Indiana should not allow insurance companies to deny coverage to any preexisting condition in their health plans. An additional 12% said all preexisting conditions should be eligible for a waiver. Nearly a fourth of the respondents were willing to defer to the determination of the insurance companies (23%).

The Waiver Respondents: 59% of the waiver respondents believe Indiana should not allow any preexisting condition to be excluded from coverage, while 9% believe all preexisting conditions should be eligible for a waiver. However, over a fourth said the insurance companies should make the eligibility determinations (27%).

<u>The Respondents Denied a Waiver:</u> 64% of these respondents believe Indiana should not allow insurance companies to deny coverage to any preexisting condition in their health plans. An additional 14% said all preexisting conditions should be eligible for a waiver, while just under a fifth of these respondents were willing to defer to the determination of the insurance companies (19%).

Public Policy – Question 3: The State Legislature has allowed three health insurance companies providing health coverage plans in Indiana to test a plan to offer health care to Hoosiers with a waiver for a preexisting condition. A waiver recognizing the preexisting condition is issued to the insured for two years, after that period, the preexisting condition is fully covered by the health plan. The insurance companies want the waiver to be in effect for at least five years, the State of Indiana said two years. The insurance industry says a waiver period extended to five years would encourage other insurance companies to also offer preexisting condition waivers to Hoosiers, thus providing more Hoosiers with health care. Would you strongly support, somewhat support, somewhat oppose, or strongly oppose extending the waiver period from two years to five years?





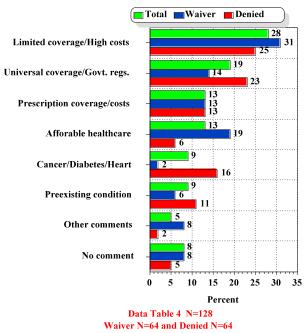
<u>The Total Survey:</u> 72% of the respondents opposed increasing the waiver period from two years to five years, while 24% supported the increase. The majority opinion was "strongly oppose" at 54%.

The Waiver Respondents: 78% of the waiver respondents also opposed the increase in the waiver time period. However, nearly a fifth of the waiver respondents supported the increase (19%). The majority opinion of these respondents was "strongly oppose (58%).

<u>The Respondents Denied a Waiver:</u> 66% of the respondents that have been denied a waiver were also opposed to an increase in the waiver time period. However, nearly a third of these respondents supported the change to a five year waiver. The majority opinion among this group was 50% opposed.

<u>Public Policy – Question 4:</u> What would you say is the most important health care problem the governor and the state legislature should address in the next legislative session?

The most important health care problem the Governor and the Legislature should address in the next session?



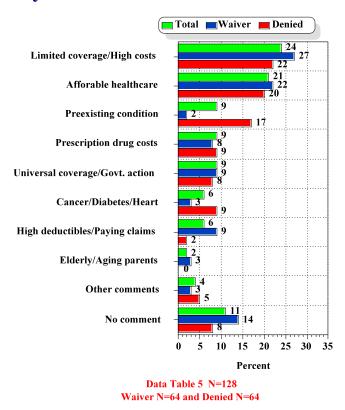
<u>The Total Survey:</u> The respondents said they believe the most important health care problem the governor and the legislature should address is the "limited coverage" and the "high costs" of available health insurance (28%). The top four mentioned subjects totaled 72% of the responses to this question. [NOTE: The verbatim comments can be found in the next section of this report.]

The Waiver Respondents: 31% of the waiver respondents also said they felt the "limited coverage" and the "high costs" of health insurance was a priority for the governor and the legislature in the next session. The top four subjects for these waiver recipients totaled 77% of their comments. [See the next section for verbatim comments.]

The Respondents Denied a Waiver: The respondents that have been denied a waiver were most concerned about "limited coverage and costs (25%), "universal coverage and government regulations that guaranteed availability (23%), and the lack of coverage for problems associated with "cancer, diabetes, and the heart (16%). [See the next section for verbatim comments.]

<u>Public Policy – Question 5:</u> For you or your household, if there is one health care issue you are most worried about today, what would it be?

What is the one healthcare issue you are most worried about?



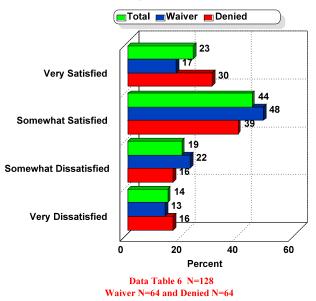
<u>The Total Survey:</u> The respondents said they are most worried about the "limited coverage and the "high costs of available health insurance (24%) as well as "affordable healthcare (21%). These are the same issues they want state government to address. [NOTE: The verbatim comments can be found in the next section of this report.]

The Waiver Respondents: 49% of the waiver respondents also said they felt the "limited coverage" and the "high costs" of health insurance was a major worry along with "affordable healthcare" (22%). [See the next section for verbatim comments.]

The Respondents Denied a Waiver: The respondents that have been denied a waiver were very worried about "limited coverage and costs (22%) and "affordable healthcare (20%). However, they also expressed a great deal of concern about this whole issue of "preexisting conditions (17%). [See the next section for verbatim comments.]

<u>Health Care Service – Question 6:</u> In general, how do you feel about the overall health care service you and members of your household have received the last five years? Would you say you are very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

Overall, how do you feel about your healthcare service during the past five years?



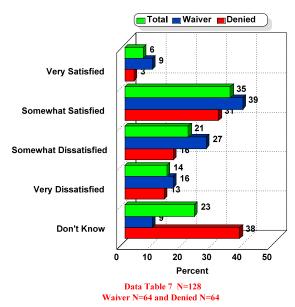
<u>The Total Survey:</u> 67% of the respondents are satisfied with the health care service they have received in the past five years; however, 33% said they were dissatisfied. The plurality opinion was "somewhat satisfied at 44%.

The Waiver Respondents: 66% of the waiver respondents were also satisfied with their health care service in the past five years. However, a third of the waiver respondents were not satisfied (34%). The plurality opinion of the waiver respondents was "somewhat satisfied at 48%.

<u>The Respondents Denied a Waiver:</u> 68% of the respondents that have been denied a waiver were also satisfied with the health care they have received in the past five years. However, nearly a third of these respondents were dissatisfied at 31%. The plurality opinion among this group was 39% "somewhat satisfied.

<u>Health Care Service – Question 7:</u> In general, how do you feel about your current insurance company and the health care coverage they have provided? Would you say you are very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

How do you feel about your current healthcare service provider?



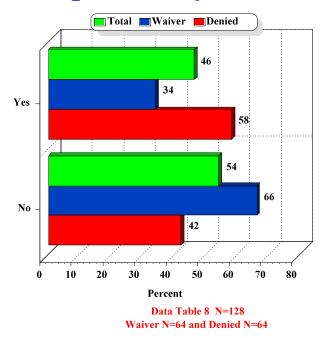
The Total Survey: 42% of the respondents are satisfied with their current health care provider; however, 33% said they were dissatisfied. The plurality opinion was "somewhat satisfied at 35%. Nearly a fourth of the respondents said they didn't know (23%). This latter point is largely due to the fact that 20% of the survey sample is currently without health insurance.

The Waiver Respondents: 49% of the waiver respondents were satisfied with their current health care provider. However, a substantial number of the waiver respondents were not satisfied (42%). The plurality opinion of the waiver respondents was "somewhat satisfied at 39%. Another 9% of the waiver respondents were not sure at this time

The Respondents Denied a Waiver: 34% of the respondents that have been denied a waiver were satisfied with their current health care provider. However, nearly four of ten were dissatisfied at 38%. An additional 38% said they were not prepared to answer the question because they do not have health insurance at this time. When this latter group is removed, the "satisfied score was 55% and the "dissatisfied score was 45%.

<u>Health Care Service – Question 8:</u> Have you been without health insurance coverage at any time in the past five years?

Have you been without health insurance coverage during the past five years?



<u>The Total Survey:</u> 46% of the respondents have been without health insurance coverage at some time during the past five years, while 54% have been insured the entire time.

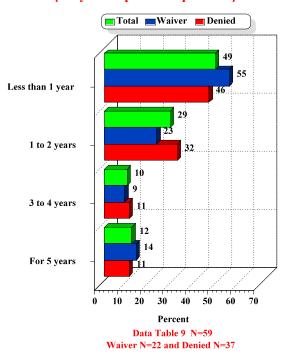
The Waiver Respondents: 34% of the waiver respondents said they had been without health insurance during the past five years, while the remaining two-thirds said they had coverage all five years (66%).

<u>The Respondents Denied a Waiver:</u> 58% of the respondents that were denied a waiver have been without health insurance at some time during the past five years. Over four of ten said they have had health insurance coverage during the past five years (42%).

<u>Health Care Service – Question 9:</u> **If "YES" to Question 8 – Ask:** How long were you without health insurance coverage during that last five years?

How long were you without health insurance?

[If "yes" to previous question.]



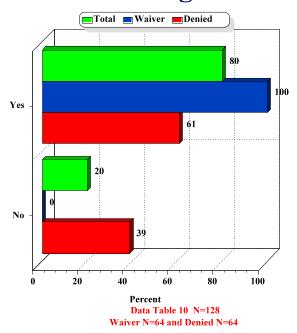
<u>The Total Survey:</u> 54% of the respondents have never been without health insurance during the past five years. 23% of the respondents were without health insurance coverage for less than a year; 13% were without coverage between one and two years; 5% were without coverage between three and four years and 6% have been without coverage for all five years.

The Waiver Respondents: 66% of the waiver respondents said they have never been without health insurance during the past five years. 19% of the waiver respondents were without health insurance coverage for less than a year; 8% were without coverage between one and two years; 3% were without coverage between three and four years and 5% have been without coverage for all five years.

The Respondents Denied a Waiver: 42% of the respondents that were denied a waiver have never been without health insurance during the past five years. 27% of these respondents were without health insurance coverage for less than a year; 19% were without coverage between one and two years; 6% were without coverage between three and four years and 6% have been without coverage for all five years.

<u>Health Care Service – Question 10:</u> Do you currently have health insurance coverage?

Do you currently have health insurance coverage?



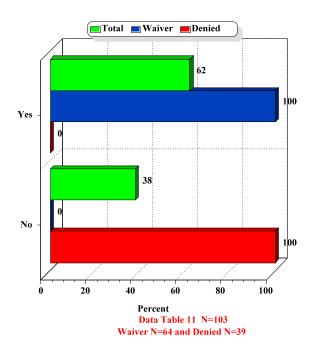
<u>The Total Survey:</u> 80% of the respondents are currently covered by health insurance and 20% are not.

<u>The Waiver Respondents:</u> 100% of the waiver respondents said they currently have health insurance coverage.

<u>The Respondents Denied a Waiver:</u> 61% of the respondents that were denied a waiver currently have health insurance and 39% do not.

<u>Health Care Service – Question 11:</u> Would you describe your insurance plan as health care coverage with a waiver? That is to say you have health insurance coverage, but a waiver was issued by the company that states you will not be covered for a preexisting condition during a specific time period.

Would you describe your insurance coverage as a health plan with a waiver?



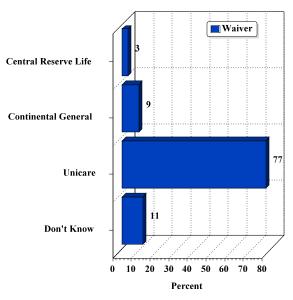
<u>The Total Survey:</u> 50% of the respondents said they have health insurance with a preexisting condition waiver and 31% said their health insurance did not have a waiver attached. They remaining 20% of the respondents were not asked this question because they had already said they did not have health insurance at this time.

The Waiver Respondents: 100% of the waiver respondents said they currently have health insurance coverage with a waiver.

<u>The Respondents Denied a Waiver:</u> 100% of the respondents that were denied a waiver confirmed that they do not have insurance with a waiver.

<u>Waiver Specific – Question 12:</u> Which of the following insurance companies issued you a policy for health insurance coverage with a waiver for a preexisting condition – Central Reserve Life, Continental General, or Unicare?

Which insurance company issued you a policy with a waiver?



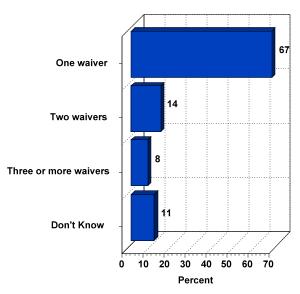
Data Table 12 Waiver N=64

The Waiver Respondents: 77% of the waiver respondents said they currently have health insurance coverage with a waiver issued by Unicare. Continental General was identified by 9% of these respondents and 3% identified Central Reserve Life as their health provider. However, 11% said they didn't know the name of the company currently providing their health coverage with a waiver.

This latter percentage (11% Don't Know) is an indication that some confusion exists among the respondents. This situation would likely go away with a minor effort directed toward educating the waiver recipient families on the unique program they are an integral part of.

<u>Waiver Specific – Question 13:</u> Does your current health insurance coverage have one preexisting condition waiver, two preexisting condition waivers, or three or more preexisting conditions waivers?

How many preexisting condition waivers are on your health policy?



Data Table 13 Waiver N=64

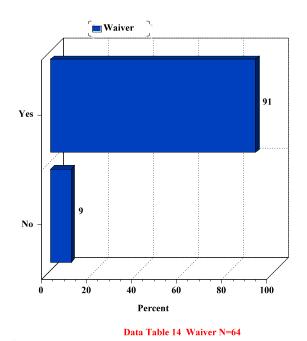
This question targeted one element of the waiver program in order to determine the level of understanding the waiver recipient has of the number of waivers that can be applied to any given policy. The law authorizing the waiver program states that the certificate of coverage shall "not include more that two (2) waivers per individual.

The Waiver Respondents: 67% of the waiver respondents said they currently have one waiver acknowledging one preexisting condition on their health insurance coverage, while another 14% said their coverage has two waivers.

Nearly one in five of these respondents need further information about the limits placed on their health coverage. There appears to be a low level of misunderstanding with 8% of the waiver respondents that said they have three or more waivers on their health plan. In addition, 11% of the respondents said they didn't know how many waivers were applied to their coverage. This latter point should be considered a significant revelation.

<u>Waiver Specific – Question 14:</u> Did you have health insurance coverage prior to your current health plan with another insurance company?

Did you have health coverage with another company prior to this plan?

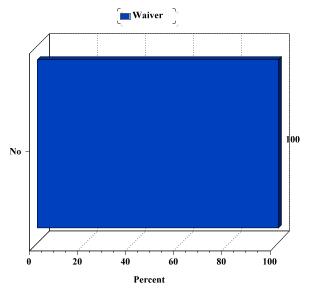


This question targeted the history of the insured in order to determine their experience with preexisting conditions and health insurance plans.

The Waiver Respondents: 91% of the waiver respondents said they were enrolled in a health insurance plan with another company prior to their present coverage. Only 9% of the participants currently in the waiver program were not enrolled in a previous health plan prior to their current coverage.

Waiver Specific – Question 15: If "No" to Question 14 – Ask: Were you without health insurance coverage because of your preexisting condition?

Were you without health insurance coverage because of your preexisting condition?



Data Table 15 Waiver N=6

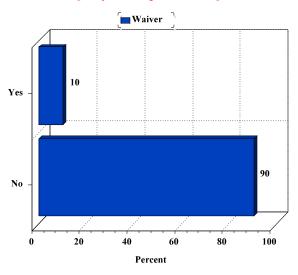
This question was a part of a skip-pattern in the questionnaire to follow up on the history of the insured in order to determine if their preexisting condition was responsible for the respondent not having health insurance prior to their current plan.

<u>The Waiver Respondents:</u> 100% of these waiver respondents said the preexisting condition identified on their present health insurance plan was not the cause of their earlier situation without health coverage.

Waiver Specific – Question 16: If "YES" to Question 14 – Ask: Was your current preexisting waiver also excluded from your prior health insurance coverage?

Was your current preexisting condition excluded from your prior health insurance coverage?

[If "yes" to question 14.]



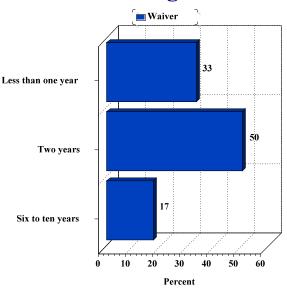
Data Table 16 Waiver N=64

This question was a continuation of the skip-pattern in the questionnaire to follow up on the policy holder's experience with a waiver for a preexisting condition that they claimed was included in their health insurance prior to their current plan.

The Waiver Respondents: 90% of these waiver respondents said the preexisting condition identified on their present health insurance was not include in their earlier health care plan. However, 10% of these respondents said they did have a wavier for a preexisting condition on their earlier health coverage. There is a strong likelihood that these people are slightly confused about a waiver on their earlier health plan. It may or may not be the case, but it is doubtful that they were covered with a waiver on their policy in Indiana prior to 2003 [see the results of question 17 on the next page].

Waiver Specific — Question 17: If "YES" to Question 16 — Ask: How long was the preexisting waiver period with your prior health insurance company?

How long was the preexisting waiver period with your prior health coverage?



Data Table 17 Waiver N=6

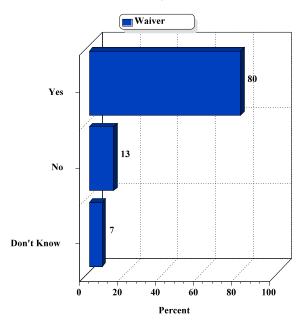
This question was a continuation of the skip-pattern in the questionnaire to follow up on the history of the insured and try to determine their level of knowledge about the duration of the waiver period that was included in their health insurance prior to their current plan.

The Waiver Respondents: Six respondents of the 64 with waivers said they did have waivers on an earlier policy. They said the following: 50% of the six people (5% of the 64) of these waiver respondents said their previous plan had a two year waiver for a preexisting condition and 33% of the six people (3% of the 64) said it was less than a year. However, 17% of the six people (2% of the 64) said it was between six and ten years.

This is additional evidence that would support a call for an increased educational effort on the part of the participating companies in respect to the policy holders with a waiver.

<u>Waiver Specific – Question 18:</u> Did you receive a written notice, in bold print, explaining all the conditions of your current waiver from your insurance company prior to the issuance of your current health insurance plan?

Did you receive a written notice explaining the conditions of your waiver?



Data Table 18 Waiver N=64

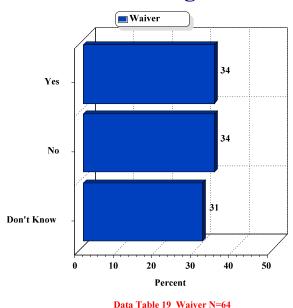
This question targeted one element of the waiver program in order to determine the level of understanding the waiver recipient has of the notification requirement on the part of the health care provider. The law authorizing the waiver program states that the insurer provides to the applicant "before issuance of the policy a written notice explaining the waiver of coverage for the specified condition—and the certificate of coverage shall "include the waiver in a separate section stating in bold print that the applicant is receiving coverage with an exception for the waived condition.

The Waiver Respondents: 80% of the waiver respondents said they received proper notification as prescribed by the legislative mandate, but 13% said they did not. An additional 8% said they didn't know if they received the proper notification or not.

One in five of these respondents are telling us there is confusion in the required notification procedures. There appears to be a need for a reevaluation of this process so the waiver recipient understands the purpose of this special notification.

<u>Waiver Specific – Question 19:</u> To the best of your knowledge, are you allowed to request removal of your waiver if you believe the preexisting condition no longer exists?

Are you allowed to request removal of your waiver if you believe the preexisting condition no longer exists?



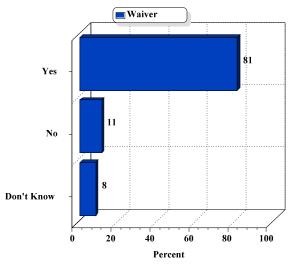
This question targeted one element of the waiver program in order to determine if the waiver recipient understood he has the right to request removal of the waiver once a year. The law authorizing the waiver program states that the insurer "agrees to review the underwriting basis for the waiver upon request one time per year; and remove the waiver if the insurer determines that evidence of insurability is satisfactory.

The Waiver Respondents: 34% of the waiver respondents said they understood they had the right to ask for the removal of the waiver if they believed the preexisting condition was no longer applicable. However, 34% said they did not believe they had the right to request the waiver removal and 31% said they didn't know.

The legislature gave the insured the right to request a review of their situation, but they either do not understand the policy, or they don't know the process even exists. Two-thirds of these respondents (65%) are unaware of the review procedure that is available to them.

<u>Waiver Specific – Question 20</u>: Did you receive an insurance benefit card from your insurance company with a telephone number you could call for verification of the waiver?

Did you receive an insurance benefit card explaining how to contact the company for verification of your waiver?



Data Table 20 Waiver N=64

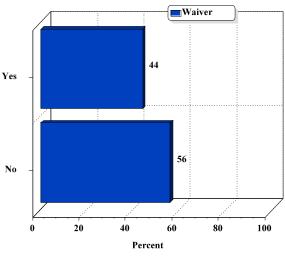
This question targeted another element of the waiver program in order to determine the level of understanding the waiver recipient has of the notification requirement on the part of the health care provider. The law authorizing the waiver program states that the insurer provides to the applicant "an insurance benefit card issued by the insurer to the applicant includes a telephone number for verification of coverage waived.

<u>The Waiver Respondents:</u> 81% of the waiver respondents said they received a card with the phone number to confirm the terms of the waived coverage, but 11% said they did not. An additional 8% said they didn't know if they received the card and phone number.

One in five of these respondents were ambivalent about receiving the required card that was to list a phone number for verification of their waiver. This question result gives further evidence of the need for more aggressive educational efforts by the insurance providers.

<u>Waiver Specific – Question 21:</u> Did you personally seek medical advice or was medical advice offered to you concerning your preexisting condition any time in the twelve months preceding your present health insurance coverage with the waiver?

Did you seek or was medical advice offered to you 12 months prior to receiving health coverage with your waiver?



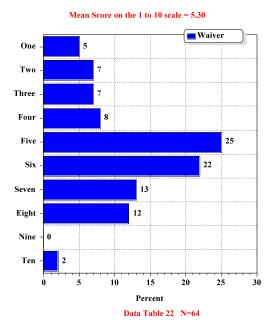
Data Table 21 Waiver N=64

This question was designed to determine the percentage of waiver recipients that had medical advice at any time during the twelve months prior to receiving a waiver for a preexisting condition. The law authorizing the waiver program states that the insurer may not define a preexisting condition more restrictive than "would have caused an ordinarily prudent person to seek medical advice ... or treatment during the twelve months immediately preceding the effective date of enrollment in the plan.

The Waiver Respondents: 56% of the waiver respondents said they had visited with a medical professional at sometime during the twelve months before enrolling in their health plan with the waiver. 44% of these respondents did not visit a medical professional for advice prior to enrollment.

<u>Waiver Specific – Question 22:</u> Now, I would like to ask your opinion of your current health care insurance coverage? Picture a scale of 1 to 10, where "10 is a HIGH POSITIVE OPINION and "1 is a very LOW NEGATIVE OPINION. You may select any number between 1 and 10. How would you rate your current health plan?

How Would You Rate Your Current Health Plan?



This question illustrates the range of opinions the waiver recipients have of their current health plan.

The Waiver Respondents:

The mean score on the 1 to 10 rating scale was 5.30 and the median was 5.43.

The positive score was 13% - this was the aggregate percentage of the 8's, 9's, and 10's.

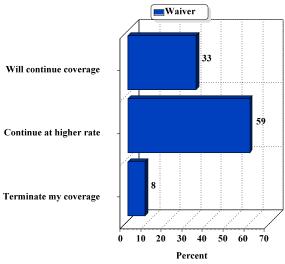
The total positive score was 48% - this was the aggregate percentage of the 6's, 7's, 8's, 9's, and 10's.

The negative score was 18% - this was the aggregate percentage of the 1's, 2's, and 3's.

The total negative score was 52% - this was the aggregate percentage of the 1's, 2's, 3's, 4's, and 5's.

<u>Waiver Specific – Question 23:</u> At the end of your preexisting waiver time period, do you believe your insurance company will continue to provide you with health insurance at the normal plan rate, continue your coverage but at a much higher rate, or do you believe they will find cause to terminate your health insurance coverage?

At the end of your waiver period do you believe your insurance company will continue coverage, raise your rate or terminate you?



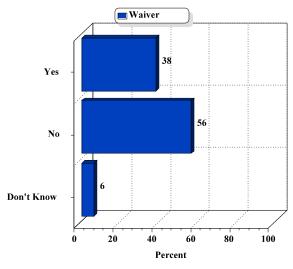
Data Table 23 Waiver N=64

This question was designed to determine the percentage of waiver recipients that believe their coverage will continue after the expiration of the waiver period. The law authorizing the waiver program includes a consumer safeguard that states the insurer shall "provide for full benefits upon the expiration of the waiver.

The Waiver Respondents: 33% of the waiver respondents said they believe they will continue to have coverage upon the expiration of their current waiver. 59% said they believed they would continue to have coverage, but it would be at a higher premium rate. Eight percent said they believed the insurer would terminate their health coverage when the waiver reached full term. This constitutes additional evidence that communication between the insurer and the insured is not as clear as it can be.

Waiver Specific – Question 24: Would you have been willing to purchase your health coverage without a waiver at 20% higher premium costs?

Would you have been willing to purchase your health coverage without a waiver at a 20% higher premium cost?



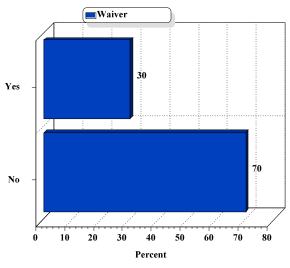
Data Table 24 Waiver N=64

This question was designed to respond to an assertion from the insurance companies involved in the waiver project that the waiver could be replaced by a 20% increase in premiums for all persons with a preexisting condition.

The Waiver Respondents: 56% of the waiver respondents said they would not be willing to pay premiums that are 20% higher to keep from having a waiver for their preexisting condition attached to their health care policy. 38% said they would be willing to pay the higher premiums to forego the waiver. Six percent said they didn't know how they felt about increased premiums as opposed to the waiver.

Waiver Specific – Question 25: Would you have been willing to purchase your health coverage if the waiver period was longer, say for five years instead of two years?

Would you have been willing to purchase your health coverage if the waiver period was 5 years instead of 2 years?



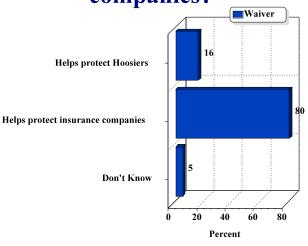
Data Table 25 Waiver N=64

This question was designed to seek an opinion from the waiver recipients about the insurance companies request that the waiver duration be five years instead of the present two year waiver for all preexisting conditions.

The Waiver Respondents: 70% of the waiver respondents said they would not be in favor of extending the waiver from two years to five years. However, 30% said they would be willing to have the waiver time period extended three additional years.

<u>Waiver Specific – Question 26</u>: Overall, would you say having a system for excluding certain preexisting conditions with health insurance coverage helps Hoosiers that probably would not be able to get health coverage without the exclusion waiver, or do you think the waiver system only helps protect insurance companies from paying health care charges?

Overall, would you say a system for excluding preexisting conditions helps protect more Hoosiers or does it protect insurance companies?

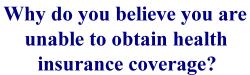


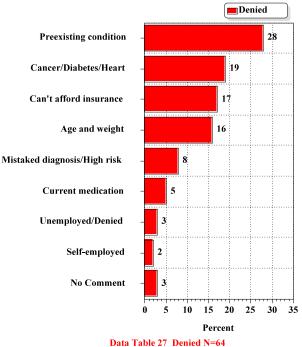
Data Table 26 Waiver N=64

This question was designed to seek an opinion from the waiver recipients about the intent of the program. Do the waiver recipients believe the program will give greater number of Hoosiers an opportunity to get health insurance or do they believe the program will likely benefit the insurance companies?

The Waiver Respondents: 80% of the waiver respondents said they believed the waiver program is designed to protect the insurance companies "from paying health care charges. 16% of these people said they believe the waiver project was designed to help Hoosiers that might not be able to get "health coverage without the exclusion waiver. Five percent said they were not sure what the purpose of the program might be.

<u>Denied A Waiver Specific – Question 27:</u> Why do you believe you are unable to obtain health insurance coverage?



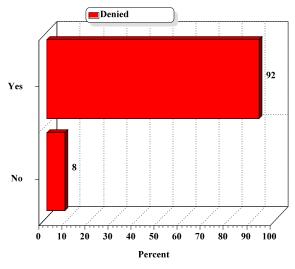


The Respondents Denied a Waiver: The respondents that have been denied a waiver said they were denied health coverage because of a "preexisting condition (28%); they also mentioned problems associated with "cancer, diabetes, and the heart (19%); the cost of premiums caused them to say they "can't afford health insurance (17%), and they mentioned problems with their age and/or their weight (16%).

[NOTE: See the next section for verbatim comments.]

<u>Denied A Waiver Specific – Question 28:</u> If you think you have a condition that insurance companies will not insure, did you have health insurance coverage before you were found to have an exclusionary preexisting condition?

Did you have health insurance before you were found to have an exclusionary preexisting condition?



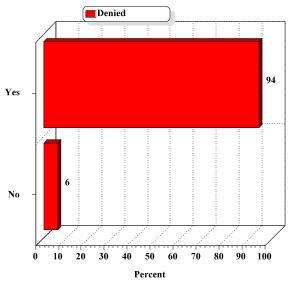
Data Table 28 Denied N=64

This question was designed to determine how many of these respondents have had difficulty obtaining health coverage because of a change in their personal health or a change in their family's health. In other words, how significant has the identification of a preexisting condition been in determining their ability to get health insurance?

<u>The Respondents Denied a Waiver:</u> 92% of the respondents that were denied a waiver said they did have health insurance coverage before they learned of their preexisting condition. Only 8% of these respondents were without health insurance prior to their being denied a waiver.

<u>Denied A Waiver Specific – Question 29:</u> Have you been turned down for health coverage by insurance companies in the past two years?

Have you been turned down for health coverage by insurance companies in the past two years?



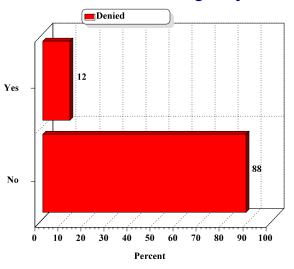
Data Table 29 Denied N=64

This question was designed to determine how many of these respondents have had difficulty obtaining health coverage in the past two years. Has this been a long-term experience over the past several years or has this largely been a recent experience during the past two years? The fact is it may be an experience that has occurred many times over the past several years and has also occurred during the past two years for 94% of these respondents.

<u>The Respondents Denied a Waiver:</u> 94% of the respondents that were denied a waiver said they had been turned down for health insurance coverage in the past two years. Only 6% of these respondents said they have not been turned down by a company for health insurance in the past two years.

<u>Denied A Waiver Specific – Question 30</u>: Did you notify the Indiana Department of Insurance after you were denied health coverage with or without a waiver by any insurance company?

Dol you notify the Indiana Dol after you were denied health coverage with or without a waiver by any insurance company?



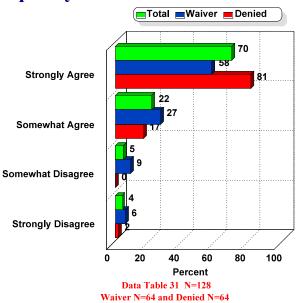
Data Table 30 Denied N=64

This question targeted one element of the waiver program in order to determine the level of understanding the citizens have of the external grievance procedures available to them. The law authorizing the waiver program states that an individual "... may directly appeal a denial of coverage based on the waiver by filing a request for an external grievance review. The Indiana Department of Insurance is fully prepared to assist any citizen wishing help in how to file a formal request for an "external grievance review under IC 27-8-29.

The Respondents Denied a Waiver: 88% of the respondents that were denied a waiver said they did not notify the Indiana Department of Insurance when they were denied health insurance coverage, while 12% said they did contact the DOI when they were rejected.

<u>Public Policy – Question 31:</u> Do you agree or disagree with the following statement concerning health care public policy? – Everybody, regardless of income or health status, should have the right to the same amount and same quality of health care service.

Do you agree or disagree: Everyone, regardless of income or health status, should have a right to the same amount and quality of health care service.



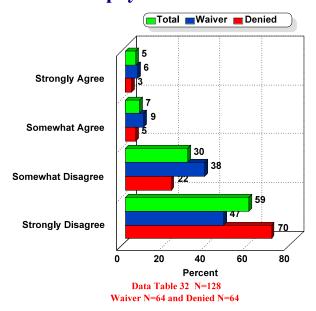
<u>The Total Survey:</u> 91% of the respondents believe the quality and the availability of health care for Hoosiers should be equal, regardless of a person's health status or income. Only 9% disagreed with the statement. The majority opinion was 70% that said "strongly agree.

The Waiver Respondents: 84% of the waiver respondents also supported the statement that everyone should have the right to the same amount and the same quality of health care service. However, 16% said they disagreed with the statement. The majority opinion was "strongly agree at 59%.

<u>The Respondents Denied a Waiver:</u> 98% of these respondents agreed with the statement and 2% disagreed. The majority opinion was "strongly agree" at 81%.

<u>Public Policy – Question 32:</u> Do you agree or disagree with the following statement concerning health care public policy? – Hospitals and doctors should not be forced to treat patients who have no insurance and can't afford to pay for the cost of the services.

Do you agree or disagree:
Hospitals and doctors should
not be forced to treat patients
without insurance and can't
afford to pay for the services.



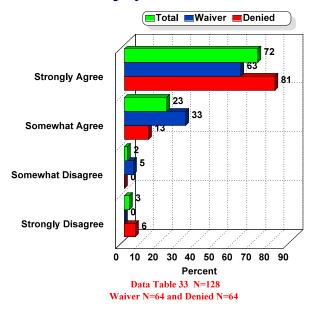
<u>The Total Survey:</u> 88% of the respondents disagreed with the statement that suggested doctors and hospitals should not be forced to treat patients that can not afford to pay for the health care. Yet 12% agreed with the idea that medical professionals should have to right to refuse service if the patient can't pay for the service. The majority opinion was "strongly disagree" at 59%.

The Waiver Respondents: 84% of the waiver respondents also disagreed with the statement that would allow hospitals and doctors to refuse treatment if the patient was unable to pay for the services. However, 16% said they agreed with the statement. The plurality opinion was "strongly disagree" at 47%.

<u>The Respondents Denied a Waiver:</u> 92% of these respondents disagreed with the statement and 8% agreed. The majority opinion was "strongly disagree" at 70%.

<u>Public Policy – Question 33:</u> Do you agree or disagree with the following statement concerning health care public policy? – Nobody should be refused health care services that they need just because they can't pay for it.

Do you agree or disagree:
Nobody should be refused
healthcare services that they
need just because they can't
pay for it.



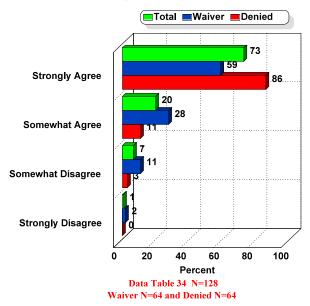
<u>The Total Survey:</u> 95% of the respondents believe all persons should be provided the health care they need and the person's ability to pay should not be a consideration. Only 5% disagreed with the statement. The majority opinion was "strongly agree" at 72%.

The Waiver Respondents: 95% of the waiver respondents also supported the statement that people should not be refused treatment because of their inability to pay for the service. Only 5% said they disagreed with the statement. The majority opinion was "strongly agree at 63%.

<u>The Respondents Denied a Waiver:</u> 94% of these respondents agreed with the statement and 6% disagreed. The majority opinion was "strongly agree" at 81%.

<u>Public Policy – Question 34:</u> Do you agree or disagree with the following statement concerning health care public policy? – Government should make sure everybody has basic health insurance for both doctor and hospital care.

Do you agree or disagree:
Government should make sure
everybody has basic health
insurance for both doctor and
hospital care.



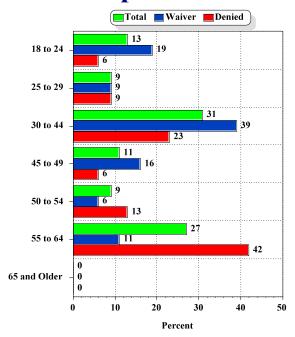
<u>The Total Survey:</u> 92% of the respondents believe the government should guarantee a basic health plan for all citizens that would cover both doctor and hospital care. Only 8% disagreed with the statement. The majority opinion was "strongly agree" at 73%.

The Waiver Respondents: 88% of the waiver respondents also supported the statement that the government should guarantee basic health coverage for all Hoosiers. However, 12% said they disagreed with the statement. The majority opinion was "strongly agree at 59%.

<u>The Respondents Denied a Waiver:</u> 97% of these respondents agreed with the statement and 3% disagreed. The majority opinion was "strongly agree at 86%.

Respondent's Age – Question 35: How old were you on your last birthday?

Age of the Respondents

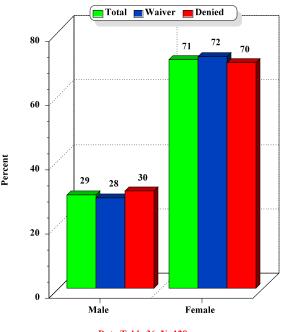


Data Table 35 N=128 Waiver N=64 and Denied N=64

	Total	Waiver	Denied a Waiver	
Age Groups	Survey	Respondents	Respondents	
18 to 29	22%	28%	16%	
30 to 49	42	55	30	
50 to 64	36	17	55	
65 and older	None	None	None	

<u>Respondent's Gender – Question 36:</u> The gender was recorded without asking the respondent.





Data Table 36 N=128 Waiver N=64 and Denied N=64

	Total	Waiver	Denied a Waiver	
Gender	Survey	Respondents	Respondents	
Male	29%	28%	30%	
Female	71	72	70	

The most frequent comment from the female respondents was they would prefer to answer the questions in the survey when the targeted person was a child or the targeted person was not available for participation in the survey. They also asserted that they were better informed about the family's health care status.

<u>Respondent's County of Residence – Question 37:</u> The data gathering phase of the project interviewed 128 respondents in 51 of the 92 Indian counties (55% of the counties are represented).

Indiana	Total	Indiana	Total	Indiana	Total
County	Percen t	County	Percen t	County	Percen t
Adams	1%	Howard	0%	Putnam	1%
Allen	6	Huntington	2	Randolph	1 / 0
Bartholome	0	Truittington	0	Kandoipii	1
W		Jackson		Ripley	1
Benton	1	Jasper	2	Rush	1
Blackford	0	Jay	0	St. Joseph	2
Boone	2	Jefferson	1	Scott	0
Brown	1	Jennings	0	Shelby	0
Carroll	0	Johnson	4	Spencer	0
Cass	0	Knox	2	Starke	1
Clark	0	Kosciusko	1	Steuben	1
Clay	0	LaGrange	0	Sullivan	1
Clinton	1	Lake	2	Switzerland	0
Crawford	0	LaPorte	2	Tippecanoe	4
Daviess	1	Lawrence	0	Tipton	0
Dearborn	0	Madison	3	Union	0
Bearoom	0	TVICE ISOTI	8	Vanderburg	6
Decatur		Marion		h	
DeKalb	1	Marshall	0	Vermillion	0
Delaware	4	Martin	0	Vigo	2
Dubois	3	Miami	1	Wabash	0
Elkhart	4	Monroe	2	Warren	0
	0	Montgomer	1		1
Fayette		у		Warrick	
Floyd	2	Morgan	2	Washington	1
Fountain	0	Newton	1	Wayne	1
Franklin	0	Noble	1	Wells	1
Fulton	0	Ohio	0	White	0
Gibson	0	Orange	0	Whitley	2
Grant	0	Owen	2		
Greene	0	Parke	0	N=128	100%
Hamilton	9	Perry	1		
Hancock	0	Pike	1		
Harrison	0	Porter	4		
Hendricks	3	Posey	0		

j	Indiana Department of Insurance			Waiver Project November 200-			
	Henry	0	Pulaski	1			

<u>Respondent's County of Residence – Question 37:</u> [Continued] County of respondent's residence for persons with a waiver and persons denied a waiver.

Indiana	Waive	Denied	Indiana	Waive	Denied
County	r	%	County	r	%
·	%		•	%	
Adams	0%	2%	Monroe	3%	2%
Allen	6	5	Montgomery	2	0
Benton	0	2	Morgan	2	2
Boone	0	3	Newton	0	2
Brown	2	0	Noble	2	0
Clinton	0	2	Owen	3	0
Daviess	2	0	Perry	0	2
DeKalb	2	0	Pike	2	0
Delaware	3	4	Porter	5	3
Dubois	2	5	Pulaski	2	0
Elkhart	5	3	Putnam	0	2
Floyd	2	2	Randolph	2	0
Hamilton	9	9	Ripley	0	2
Hendricks	3	3	Rush	2	0
Huntington	3	0	St. Joseph	0	5
Jasper	2	2	Starke	0	2
Jefferson	2	0	Steuben	0	2
Johnson	5	3	Sullivan	2	0
Knox	3	0	Tippecanoe	6	2
Kosciusko	0	2	Vanderburgh	5	6
Lake	2	2	Vigo	2	2
LaPorte	0	3	Warrick	0	2
Madison	5	2	Washington	2	0
Marion	5	11	Wayne	0	2
Miami	0	2	Wells	2	0
			Whitley	2	3
			N=64	100%	
			N=64		100%

Consider the following salient observations...

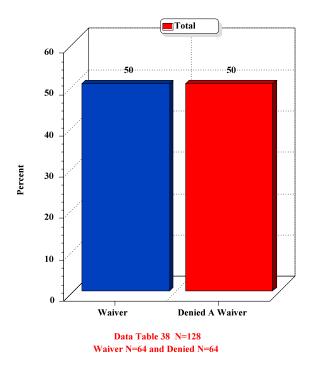
35 of the 51 counties represented persons with a waiver (69%).

35 of the 51 counties represented persons that were denied a waiver (69%).

19 of the 51 counties represented persons that have a waiver and persons denied a waiver (37%).

Waiver Respondents and Respondents Denied A Waiver – Question 38:

The Waiver Status Of The Respondents



Riggs Research Services entered into an agreement with the insurance companies to **not allow** the total number of respondents in the survey that had been **DENIED** a waiver to **exceed** the total number of respondents that had been **ISSUED** A **WAVIER** for a preexisting condition with their health plan.

WAIVER RESPONDENTS

VERBATIM COMMENTS

Question 4

Q4. What would you say is the most important health care problem the governor and the state legislature should address in the next legislative session?

Respondent #1 [Waiver]

I think prescription coverage is the most important health care problem. I think this partially because I am being biased. My insurance company seems like they don't cover anything. Basically, by having more coverage over prescriptions it makes me have to pay so much more. I would like to see clarity on what services are covered. It seems like I wasn't really sure what to look for when it came to researching health insurance. When a person is looking to get insurance, they have their personalized quote already. They need to give the person a substantially larger list.

Respondent #2 [Waiver]

The most important health care problem is cancer. It's so widely known and everybody has had to deal with it at one point in time and in one way or another.

Respondent #3 [Waiver]

The most important issue is having affordable but good quality health care. I don't want to pay \$600.00 - \$1000.00 a month for insurance that will deny everything. Also, I don't want to be told what medicine I can be on. If a new medicine comes out, is prescribed for me, and they don't have it on their list, they say that I can't have it. I think you should put all of the insurance providers in prison. They rob you and I am very dissatisfied. Small business owners like my husband have to pay an outrageous price for small business insurance.

Respondent #4 [Waiver]

I think the most important issue is prescription drugs. The cost is too high.

Respondent #5 [Waiver]

Medicare should be addressed as well as addressing coverage of dependents that are past a certain age. I am 23 and I had to buy my own insurance. I don't have a job yet.

Respondent #6 [Waiver]

Insurance rates need to be addressed. They are astronomical. Another issue that needs to be addressed is self-employment insurance. There needs to be some self-employment insurance that is affordable for people who are self-employed.

Respondent #7 [Waiver]

Insurance needs to be addressed. We need a better means of being insured. The insurance rates have sky rocketed and the premiums have doubled in the last five years. Employers are no longer carrying the cost of insurance so the person has to pay for it. Unless you have a high paying job, it's difficult to pay for yourself. Obesity, diabetes, high cholesterol and high blood pressure are health problems. These have to do with people's eating habits.

Respondent #8 [Waiver]

The price of insurance is too high.

Respondent #9 [Waiver]

An important issue to address is making sure that people who are middle-class get the insurance they need.

Respondent #10 [Waiver]

The cost of insurance for a privately, self-employed person needs to be addressed. The cost is really outrageous for people who don't have insurance.

Respondent #11 [Waiver]

The cost of health care needs to be addressed. I just think that is very bad that companies have to let go of employees because the health care cost has risen so high.

Respondent # 12 [Waiver]

An important issue to address is the cost of insurance. People who don't have health insurance have to go out and buy there own. I've paid up to \$500 for one month for coverage for myself. That is ridiculous! We need to lower the cost of health care for people who have to pay on their own and don't have high income. I don't have the income and trying to find insurance that I can afford is almost impossible. It's like \$500.00 - \$600.00 and they only cover you for a short amount of time.

Respondent #13 [Waiver]

As far as prescription coverage, it should be highly talked about. An example would be that I had a 30 day prescription costing over \$130.00. It didn't cover birth control but would cover if I had a baby. Expanding coverage needs to be addressed.

Respondent #14 [Waiver]

The issue I would like address is the people's availability to affordable insurance. I just know a lot of people that don't have insurance. It is too expensive because of their current financial status.

Respondent #15 [Denied]

There is no issue I would like to see addressed.

Respondent #16 [Waiver]

I would like to see more affordable health care available to Hoosiers. If you are sick with cancer and you lose your insurance, there is no way to get more. Another issue I would like to see addressed is prescription drug costs.

Respondent #17 [Waiver]

Getting health care costs down is the most important health care problem.

Respondent #18 [Waiver]

The cost for an individual to pay for insurance is too high. People should not be denied health care.

Respondent #19 [Waiver]

An important issue to be addressed is that premiums costs are too high. We were paying over \$500 a month without maternity coverage.

Respondent #20 [Waiver]

I'm still in college and don't have a full-time job. Health coverage is becoming so expensive that I doubt I'll be able to pay for it.

Respondent #21 [Waiver]

An important health care problem is the cost of insurance for families even if they are covered through work or self-employed. It is quite expensive. Waivers and everything make there more money for limited coverage. I have sinus problems which usually doesn't cost in a lot of money. Insurance doesn't want to pay for my problems though. We pay them to insure that. It's not life threatening. Insurance coverage for senior prescriptions also needs to be addressed. My mother has high blood pressure, and they take money out of her social security because Medicare doesn't cover it when she really needs it. There are hundreds of dollars for people who aren't seriously ill. I can't imagine choosing health insurance over groceries.

Respondent #22 [Waiver]

The cost of buying our own health insurance is very expensive. We had to up our deductible because we are self-employed. It makes it hard for people to even have health insurance.

Respondent #23 [Waiver]

The most important health care problem is affordable health care insurance. A normal person could not afford insurance. We are paying almost of \$1000 a month for coverage of two people.

Respondent #24 [Waiver]

There is no issue I would like to see addressed.

Respondent #25 [Waiver]

An important issue is health care. We need to consider health care for everyone that is affordable, across the board, and where one can go to any doctor he/she wants. The government needs to start looking at jobs here. It seems like they are focused on foreign countries. They should be focused on us. They say more people have gotten jobs, but they are low paying. That doesn't help.

Respondent #26 [Waiver]

The most important problem that needs to be addressed is the problem of preexisting conditions. Many times, people with the preexisting conditions are the ones who need the health care most, and they are denied insurance.

Respondent #27 [Waiver]

I think lawsuits that allow for high pay-outs should be limited. We have so many lawsuits that go in and have been settled for multi-million dollar payouts. The cost should be limited for how serious the injury was. The Hoosier Health Care Program should make a standard eligibility for people. It is a good program but has been opened up to people who don't have another outlet to getting other coverage. Then, there is no plan available to people who can pay for a good health insurance plan.

Respondent #28 [Waiver]

An issue that needs to be addressed is that the health care prices are too high. For an individual, prices are too high and not reasonable. I feel for individuals. Health care is too high and out of reach. That is why so many don't have coverage. It is not right.

Respondent #29 [Waiver]

Insurance companies have too much control over what people are covered and when. They deny coverage to people that really need it. It is not fair. I have friends that were bullied into signing for a waiver. Later, it was proven that they did not have to do that and had been denied coverage for an outrageous premium.

Respondent #30 [Waiver]

The most important health care problem is the reasonable cost of insurance. I know this because my sister had to deal with it. Hoosier Health Wise is apparently a pain more than a help. She can not even get started.

Respondent #31 [Waiver]

Medicine affordability for the elderly is the most important issue. Another important issue is making sure that the unemployed have adequate coverage that isn't horribly expensive. The self-employed are also important. We need to try to make some kind of group plan for the self-employed.

Respondent #32 [Waiver]

There is no issue I would like to see addressed.

Respondent #33 [Waiver]

It is important to me that our government takes care of our own people first, like Medicare and every other need, instead of trying to take care of every other country's problems. Then after they do that they can take care of the kids and what not overseas. Take care of them later. The health insurance business is a nightmare.

Respondent #34 [Waiver]

The cost of health insurance is an important issue. We have individual health insurance and it is ridiculous and very expensive.

Respondent #35 [Denied]

The most important issue to address is giving people with a preexisting condition a chance for insurance. When people get to a certain age, they are getting dropped from insurance. This happens even if nothing but the age has changed.

Respondent #36 [Denied]

The cost of insurance is the most important health care problem. I think it is ridiculous. I am a little overweight, have never been sick or in the hospital. We are paying \$12,000 a year and it is just ridiculous.

Respondent #37 [Denied]

Cancer is the most important issue. So many people have it and medication is outrageous. It's cheaper to cheat the disease and die than to just fight it. AIDS is also very important.

Respondent #38 [Denied]

An important issue is coverage for children. Their parents with Medicaid and things like that can't get adequate coverage. Doctors won't see them for whatever reason.

Respondent #39 [Denied]

It is impossible to get insurance in this state if you have diabetes. That is just ridiculous. One company of all the ones I asked said that they insure 20-40 year olds with diabetes and no other health conditions, but who do you know with diabetes that has no other problems? The state would insure me for about \$1,000 dollars a month.

Respondent #40 [Denied]

An important issue is prescription expenses. We need to set up some kind of plan so there is co-pay or some other plan that people can get prescriptions easier without insurance. How long a medical condition lasts is taken into account. I had my angioplasty eight years ago and I am denied insurance for that.

Respondent #41 [Denied]

Health care for seniors is the most important issue.

Respondent #42 [Denied]

The cost of health insurance for small business owners in the state is the most important problem. The cost is unattainable. The high deductible is not worth it. We also need to have more accountability of inferior doctors. There are too many inferior doctors practicing because the review board is made up of their buddies. I know this because I have been working in health care for 24 years. Look at the rules on how they do stuff. Another problem is patients that will be alive for a long time on Medicaid that need extended equipment. The state will rent it out instead of buying it. They charge them 20 times its worth.

Respondent #43 [Denied]

Medication costs are the most important issue. Companies could get the cost of drugs down if they wanted to

Respondent #44 [Denied]

The most important issue is people taking medications. The cost is an issue. My wife is just doing Medicaid because she turned 65. One particular drug they do not make a generic drug of costs her \$250.00 a month. Encourage people not to smoke because that is a big health care issue. Smoking can do so many different things to a body and a lot of people don't realize that. Obesity is also an issue. There needs to be more education and advertisement about dieting right because it causes emphysema and heart disease and it all adds up to a bill for the insurance companies.

Respondent #45 [Denied]

An important problem is cancer in youths. Important ones are especially ones like lymphoma or brain cancer in children. I believe that it's all the things in our environment.

Respondent #46 [Denied]

The price of medicine is an important issue. We are hearing about people getting cheaper medicines in Canada. Why can't we get cheaper ones here too? I think the pharmacies need to work with us. We also need affordable health insurance. I obviously think it's too high, but I think it has also gotten out of control. Nobody wants to pay for insurance anymore. Hospitals overcharge and the whole system is messed up right now.

Respondent #47 [Waiver]

The cost of health insurance is very important to me. I'm very unhappy with health conditions. We are the sole proprietors for me and my family and the cost is very high and hard to get.

Respondent #48 [Waiver]

The number of Hoosiers that don't have health insurance is an issue that needs to be addressed. It is pretty scary. The number of people that are not covered is scary when you see it in the news. The government needs to take a look at the insurance practices in terms of the profit of insurance companies and bonuses they get at the same time. People don't have coverage.

Respondent #49 [Waiver]

They need to do something to make it affordable for the people. They might need to think about a sliding scale.

Respondent #50 [Waiver]

I believe the money that funds the lobbyists which determine diagnostics testing should be re-examined. It is too restricting and patients are suffering while waiting to be treated.

Respondent #51 [Waiver]

An issue that needs to be addressed is the huge premiums that exist for the self-employed. It is very hard to meet the deductible for our young family.

Respondent #52 [Waiver]

I think it is very important that people should get insurance. Nobody should be denied because of health issues in the past.

Respondent #53 [Waiver]

An important issue is probably health care coverage for the under-privileged. In particular, the working poor people's jobs don't have coverage.

Respondent #54 [Waiver]

Basically, insurance companies should be more willing to work with HMO's for better coverage. Coverage is not as good as it used to be. Government should help with Medicaid. It is not consistent and changing with the current issues.

Respondent #55 [Waiver]

Affordable health insurance for Hoosiers is important. In general, we have to pay more and more for coverage out-of-pocket and then are not covered for certain things.

Respondent #56 [Waiver]

I think the big businesses that charge an arm and a leg for medications should stay out of it. People should be able to purchase what they want, from where they want and not have to only do what the businesses says. They should have nothing to do with the regulations on medications.

Respondent #57 [Denied]

Making sure that health insurance is available for everybody is important. Preexisting conditions should be taken into consideration but there should be insurance available for everybody.

Respondent #58 [Denied]

An issue for us is that we are denied coverage due to my pregnancy. It is just funny that if you are employed or not self-employed it is too difficult to get coverage. We are being punished for my being pregnant. Indiana says they are being small business friendly and we are having a hard time with the coverage.

Respondent #59 [Denied]

The sky-rocketing insurance premiums are a health care problem. Insurance companies being able to deny insurance coverage without further explanation is also a problem.

Respondent #60 [Denied]

I would like to see health care accessible to everyone. Low income people that have been denied should have coverage available.

Respondent #61 [Waiver]

When people lose their job, you have to go on Cobra which has outrageous insurance rates. When you don't have a job you can't pay for it. Another important issue is not being able to get coverage for preexisting conditions.

Respondent #62 [Denied]

An important health care problem is the fact that hundreds of people are losing their benefits.

Respondent #63 [Waiver]

There is no issue I would like to see addressed.

Respondent #64 [Denied]

The insurance waiver capability is an important issue. The cost of medications and prescriptions should also be addressed.

Respondent #65 [Denied]

An important issue is that there needs to be more affordable health insurance for those who aren't covered.

Respondent #66 [Denied]

We need more affordable health care for everyone.

Respondent #67 [Denied]

An important issue is making me eligible for insurance. We also need health care for those who are unemployed.

Respondent #68 [Waiver]

They let an insurance company come in, buy out our existing company and that company went bankrupt. We then became responsible for our daughter's bills and almost went bankrupt ourselves. Companies should not be let in who do not have the appropriate financing. Insurance has not been our friend. The cost is too high and hurts everyone. People are being denied and left holding the bag.

Respondent #69 [Waiver]

Prices of prescriptions are way too high. People are dying and need services. Doctor's fees are so much and so is everything regarding health care. Everything should be regulated.

Respondent #70 [Waiver]

Insurance cost needs to be addressed. They don't cover anything anyway. I end up paying for everything anyway. On the waiver thing, they said my daughter did not have a condition but said she should take over-the-counter and then denied her coverage.

Respondent #71 [Waiver]

The price and the coverage of insurance is a problem. They charge too much and cover too little.

Respondent #72 [Denied]

The cost of the insurance is a problem. My employer had to cancel our insurance to employees because of the rising cost. We are not insured but our children are insured.

Respondent #73 [Waiver]

An important issue is making health insurance more affordable so that everybody can afford to get some coverage.

Respondent #74 [Denied]

For the poorer people that cannot afford it, insurance should be available regardless. It is hard to afford when they are students with loans and no jobs. They are families with other problems that cannot work and cannot afford insurance.

Respondent #75 [Denied]

The insurance thing with everybody is a mess. We need some kind of coverage that works for people and I'm not sure what that is. I know a lot of people that work just to pay their insurance. They would retire but they can't. I think that's too bad. Cancer is also an important issue. The health care treatment for my cancer is good but I am lead to believe that elsewhere it is not so good.

Respondent #76 [Denied]

There is no issue I would like to see addressed.

Respondent #77 [Denied]

Cancer related illnesses are an important health care problem. We need to make medicines more accessible. Heart disease is also an important health care problem. With diabetes, we need to make the testing and everything that goes with it more accessible.

Respondent #78 [Denied]

Insurance premiums are too high. There needs to be a reason that the premiums are so high and that needs to be looked into. Please make it easier for the doctors so it isn't so expensive. We need to create competition or something.

Respondent #79 [Denied]

Availability is an important health care problem. I was denied because of my using an inhaler one time and because of my cholesterol level. I personally don't know too many people that are my age that don't have it. Cost of insurance is also a problem. Everything just seems really expensive including medicine.

Respondent #80 [Denied]

An important problem that needs to be addressed is that everybody needs insurance.

Respondent #81 [Denied]

There seems to be more people dying of cancer than there used to be. Cancer cases have increased in the past five to ten years. Heart Disease is also a problem. If you have heart disease there is nothing you can do about it. Blood Pressure is also a problem. If you have high blood pressure it leads to heart disease.

Respondent #82 [Denied]

The cost of prescriptions is a problem. Some people can not afford them. You can go over to Canada to get them for \$100.00 cheaper. However, you aren't allowed to do that anymore. The ability to get insurance also needs to be addressed. It's just too much of a hassle that people are trying to sell you health insurance and you find out you can't get it. It's all a hassle. There should be a way to get everybody covered, no matter what the cost.

Respondent #83 [Denied]

The most important health care problem is the cost of insurance. It is middle class people that can not afford insurance anymore. I have not had any insurance in five years. Something needs to be done about it. It's too high. If you go to the doctor it is \$65.00 for 15 minutes. The cost of medication is unreal. You can go to Canada and get it for \$20.00 and here it is \$120.00. There is something wrong with that. Older people are not getting the health care that they deserve. Old people have to eat dog food and cat food because they can't afford the food after paying for care.

Respondent #84 [Denied]

Any person that is not employed should still be able to get insurance. I can't get any insurance at a premium. I can only work to get insurance.

Respondent #85 [Denied]

Abuse of insurance is an important health care problem. There are so many people that lie to the system to get Medicaid and things like that. I personally see them as patients. Getting denied insurance is also a problem. Maybe a solution would be to have more qualified people read the charts because some people don't know all of the facts on things. I have done research on everything that I have and there should be no reason that I shouldn't have coverage.

Respondent #86 [Denied]

Health care for people like me that can't get it is currently the most important health care problem. I have a preexisting condition which is prostate cancer. It's been operated on, and it's gone. I had radiation and it's no longer part of me. It's been gone fore five years.

Respondent #87 [Denied]

The most important health care problem is that children don't have health insurance. There are too many uninsured children in the state of Indiana and the income levels are too low to qualify for Medicare. They need to provide health care coverage for all the children in the state of Indiana.

Respondent #88 [Denied]

Insurance for self-employed people is very hard to get. My husband and I are self-employed. Ever since he was diagnosed with testicular cancer is has been a struggle to pay our premium. Testicular cancer is very curable, and he has been cancer free for over a year. There is a minimal threat.

Respondent #89 [Denied]

I would say prescription costs and getting them down to a reasonable fee is the most important health care problem. I hear seniors talk about it all the time.

Respondent #90 [Denied]

Medical cost and insurance rates are the most important health care problem. It costs over two thousand dollars for our son Zach breaking his arm. It happened right before Christmas and we had to go back after the first of the year. We had to pay on two deductibles. My husband is working for an employer and it costs over \$9000.00 a year for health insurance.

Respondent #91 [Waiver]

Affordable health care for families is the most important issue. I do know that insurance through my husband's work would cost us \$400 and through my job it would be \$200 for my son and me. It's \$300 more when my husband's employer added to it. It just needs to be more affordable. I don't know how they would go about doing that. We need easier access to insurance. I've worked for companies who don't have insurance available and it needs to be more accessible to get the more affordable insurance.

Respondent #92 [Denied]

The preexisting condition is a major health care problem. I can get insurance on my wife and kids but I can't get it on myself. Someone told me that I can get a plan with a high deductible. A heart attack two years ago prevents me from getting insurance. I'm unemployed and I carried Cobra for \$1100.00 a month for the last year.

Respondent #93 [Denied]

Prescriptions are the most important health care problem. They are just too out of hand. I don't know how older people buy them. A person like me doesn't have health insurance. It takes me practically a week to pay for my medicine.

Respondent #94 [Denied]

We need better control of the health industry. We just had so much trouble finding insurance and I'm really down on insurance. The costs are from \$500.00 to \$900.00 in one year. We did get insurance but it is strictly to keep us from going bankrupt. We are self-employed.

Respondent #95 [Waiver]

Prescription coverage is the most important health care problem. Most insurance companies do not cover prescriptions. When they do, it is generic...specifically birth control. Insurance costs need to be addressed.

Respondent #96 [Denied]

Covering uninsured Hoosiers is the most important health care problem that needs to be addressed.

Respondent #97 [Denied]

We need better health care coverage for diabetics.

Respondent #98 [Waiver]

There is no issue I would like to see addressed.

Respondent #99 [Waiver]

The biggest problem is the fact that you can't get coverage if you have preexisting conditions based on what the insurance thinks. Mal-practice and the limits that are placed on it also need to be addressed. The way insurance companies make fee schedules is also a problem. The way benefits are written and worded is a problem. The insurance companies treat people like crap and there should be someone to report instances giving you power with your insurance company. There is no recourse when an insurance company makes a decision against you. There should be an impartial group to go to argue claims. Recipients of Medicare are concerned that their doctors are committing fraud.

Respondent #100 [Waiver]

The price of medications is the most important health care problem.

Respondent #101 [Waiver]

Prescriptions for older people are too high. In general, prescriptions costs are too high. Doctors' and specialists' appointments are too high in cost. Deductibles are also too high.

Respondent #102 [Waiver]

Everybody should be covered whether or not they have problems.

Respondent #103 [Denied]

The most important problem is health care for preexisting conditions and senior citizens who are not covered well under the Medicare program. The cost of insurance is too expensive and the coverage is not very good. We pay a lot in premiums. When we have to have coverage and we have to pay these premiums insurance doesn't pay. We have to call about it, talk to a machine, and it takes days to locate somebody to ask questions about why we weren't covered. There are also certain things they won't cover.

Respondent #104 [Denied]

Self employed people getting affordable insurance is an important issue.

Respondent #105 [Denied]

An important issue is to have people be able to get insurance. Prescription drugs and their high costs are another important problem. Stem-cell research is controversial.

Respondent #106 [Waiver]

We need more accuracy in records and data that insurance companies deal with. We also need lower premiums. Another thing we needs is greater ease of moving from one policy or employer to another and more standardization. We also need greater coverage of mental and physical health.

Respondent #107 [Waiver]

The most important health care problem that needs to be addressed is lifestyle changes that would impact health like diet, exercise and smoking. Obesity is also a problem and needs to be addressed by encouraging a low-fat and healthy diet.

Respondent #108 [Waiver]

Getting insurance for smaller businesses is important. I work at a small business and I have a hard time getting a plan like group plans that don't cost a lot of money.

Respondent #109 [Denied]

The lack of insurance for people who work for small businesses or are self employed is the most important health care issue. The cost of health care with or without insurance also needs to be addressed.

Respondent #110 [Denied]

Diabetes is an important health care problem. I have seen a lot of people in the last few years with it and it is a situation. I have never liked sugar and I think it might be America because I come here and the lifestyle changed with sugar. Heart Problems is also an important issue. That comes to tie in with diabetes. If you have diabetes it is a higher risk for the heart. Cancer is just a big problem. I know a lot of people that have it and it is something that needs to be helped. They need to get the right medications and get help.

Respondent #111 [Denied]

The prescription drug issue is the most important issue. The state should allow people to go to Canada to get prescriptions cheaper or they should change the legislature. They should come down on the prices.

Respondent #112 [Denied]

Diabetes is important. People need their medication and it is harder to afford. Arthritis is also important. When you get it, there are certain types of medicine for that. Some you don't need much medication, but you still need it. Cancer is also very important. My wife passed away with cancer. If they detect it early, it can be stopped.

Respondent #113 [Waiver]

The price of insurance is the most important health care problem. I know my insurance costs \$300.00 every quarter and I know my insurance is worth crap. That seems like it is not worth what I'm paying in the deductible. Health care availability is also important. We should make sure that everybody can receive health care.

Respondent #114 [Denied]

Price of the insurance is the most important health care problem. I am 63 and this is the cheapest insurance I have found. I have even gone to look at catastrophic insurance. That runs me \$600.00 a month and when you are retired you can't afford that. I think that false representation by the companies that promise you a ton on the phone as far as your policy and don't deliver is a problem. When you actually get the policy, it isn't even close to what they promised you. The insurance in question that I was turned down by promised me 80/20, \$30.00 an office visit, dental plan, \$5.00 dollars for generic prescriptions and all that. When I received what they covered, it was not what they had told me. The payment percentage was 60/40. It only covered two office visits and so many prescriptions per year.

Respondent #115 [Waiver]

Prescription costs are the most important problem. For me, this is the case because I have had to go without prescriptions that I have needed. I have had to buy them when insurance wouldn't cover it. One medicine is an anti-depressant and I can be in danger without it. The waiver issue is also a problem. I was put on a waiver for anti-depressant and acid reflux and I have to pay cash for all prescriptions which is putting me in danger. I have tried to find other options and there are none. I was even willing to try generics however there are none for what I take.

Respondent #116 [Waiver]

An important issue is the overall cost of deductibles. Also, preexisting condition waivers should be eliminated.

Respondent #117 [Denied]

The most important health care problem is the rising cost in health care. We also need to control the rising cost of Medicare insurance.

Respondent #118 [Denied]

Making sure that everyone has access to affordable insurance is the most important health care issue. People who don't have coverage not only have no coverage but they have the highest costs at doctors and labs. Everyone should have the same price.

Respondent #119 [Denied]

There is no issue I would like to see addressed.

Respondent #120 [Denied]

Unaffordable insurance and the fact that we can't get insurance is the most important problem. The price of medicine is also a problem. Insurance companies should insure people. Many people are without health insurance and can't afford \$600 per month.

Respondent #121 [Denied]

Getting insurance for people with preexisting conditions and making it more affordable is the most important issue to be addressed. Costs are also a problem. We need to make health care more affordable for people that are not employed.

Respondent #122 [Denied]

People that don't have insurance are being turned down when they need it for medical needs. Elders should be able to have a reasonable insurance cost.

Respondent #123 [Denied]

Everybody having access to health insurance is the most important health care issue. The poor, unemployed, working poor without insurance and the self-employed are greatly affected. Everybody should have access to primary health care. They need new clinics for them. Some ERs and providers need to be adequately reimbursed or do just more pro- bono work. Medicare drives everything down. Anthem and other providers say they aren't paying for all the services.

Respondent #124 [Denied]

Cancer is an important issue. I know a lot of people that have breast cancer and it seems to be an issue that is getting worse. Any kind of cancer for that matter is important though. I am not that familiar with what they can do to remedy it, but we probably need more cancer centers. Heart problems are also an issue. High blood pressure also seems to be an issue. However, I honestly don't know what they can do to fix that because it might have to do with the patient.

Respondent #125 [Denied]

Health insurance prices are too high and some people get it for free if they are on welfare. If the hard workers have to pay so much it doesn't even out. Availability is also another important issue. It is harder for the people that are in-between jobs to get decent insurance.

Respondent #126 [Waiver]

The cost of prescription medicine is without a doubt the most critical issue the government should regulate.

Respondent #127 [Denied]

We need affordable insurance for all families. I would tell the governor that the insurance companies are not interested in providing quality healthcare coverage to people; they are only interested in receiving monthly premiums from people they believe will not get sick. The government should stand up for those of us that the insurance companies push around with their denials.

Respondent #128 [Denied]

Insurance companies need to be watched more closely. They will deny coverage to people for any reason they think they can get away with. The governor and the legislature should make the companies provide health plans for all people.

WAIVER RESPONDENTS

VERBATIM COMMENTS

Question 5

Respondent #1 [Waiver]

Getting an adequate amount of coverage without having to sell your arm or leg is important. It seems like either you pay a little bit for limited coverage or you have to sell all of your possessions to get the amount of coverage you need. It is important to make insurance more affordable so people aren't walking around without any insurance.

Respondent #2 [Waiver]

The health of my parents is something I am worried about. They are getting older and I'm still really young. I just want them to be healthy.

Respondent #3 [Waiver]

My family or I could die before insurance actually approves something. I don't want them to be in control of my life. I don't want to be paying insurance \$600.00 a month and getting absolutely nothing.

Respondent #4 [Waiver]

Prescription drug cost is the health care issue I am concerned. The cost is too high.

Respondent #5 [Waiver]

There is no one issue I am concerned with.

Respondent #6 [Waiver]

There is no one issue I am concerned with.

Respondent #7 [Waiver]

The cost of insurance premiums is the issue I am most concerned with. A big part of our salary goes towards that. Right now, probably more of our income goes towards health care premiums then anything else. The cost of drugs is also an issue. I know that they are saying the price of drugs is high because of research and development.

Respondent #8 [Waiver]

The privatization of insurance has made it unaffordable for people who really need it. I think that there should be more of a variety of clinics in Indiana. Like in my town, there is one major hospital. It would be better if there was more of a choice.

Respondent #9 [Waiver]

I would like to see a cure for cancer. Heart disease is also a health care issue I am concerned with.

Respondent #10 [Waiver]

The cost of health insurance us the one health care issue I am most worried about.

Respondent #11 [Waiver]

The health care issue I am concerned about is if I can afford health insurance or not. I don't like the fact that for preexisting conditions, they expect me to wait two years to go to the doctor for that.

Respondent #12 [Waiver]

I am worried about the price of insurance and not being able to afford it in covering my children and myself. If something went wrong and my child went to the hospital, I wouldn't be able to pay for it.

Respondent #13 [Waiver]

Price of health care is what I am concerned about. It's costly for someone with perfect health, and I'm just out of college. I'm paying school debts, and it shouldn't have to be dished out for health insurance. It's only going to get worse. My coverage was \$19.00 a month five years ago, and now I pay \$50.00 for the same pack of birth control. The cost of prescriptions and health care is also an issue. Ultrasounds are thousands of dollars for nothing.

Respondent #14 [Waiver]

If there was a major problem my insurance wouldn't be good enough. That is my major worry.

Respondent #15 [Denied]

I was turned down for insurance because I had a negative biopsy on my shoulder.

Respondent #16 [Waiver]

I am worried about how to get more health insurance if you lose the insurance you have.

Respondent #17 [Waiver]

Being able to afford health care is what I am worried about.

Respondent #18 [Waiver]

When I get out of graduate school, I don't know if I'll have insurance to cover my condition. Prescription drugs are too expensive.

Respondent #19 [Waiver]

I am worried about care for young children. We just have young children and I would like better care for my children.

Respondent #20 [Waiver]

I am concerned about claims. I heard that they are supposed to deny everything that came with it unless the people came and fought it. I don't think that it's right.

Respondent #21 [Waiver]

The costs of coverage as a self-employed couple are what I am worried about. Company employees subsidized for them. By being self employed, it's quite expensive. If you're trying to work on the economy, it's not good for companies because they won't start if they don't have insurance.

Respondent #22 [Waiver]

I am worried about not being able to afford insurance. The prices have gone up every time our bill comes. It's not because we have a lot of claims. The prices just keep going up.

Respondent #23 [Waiver]

What worries me is the cost of prescription drugs. You can go to Canada for much cheaper.

Respondent #24 [Waiver]

My insurance won't pay for my allergy shots. I haven't been getting them because my insurance won't pay for them.

Respondent #25 [Waiver]

Routine health care is what I am worried about. The day-to-day and also being able to go to the hospital I am worried about too. I'm only allowed to go four times a year.

Respondent #26 [Waiver]

I am most worried about being able to get affordable health care for families who have preexisting conditions.

Respondent #27 [Waiver]

Keeping adequate health insurance coverage is what I am worried about. My wife and I are both selfemployed so it is hard to find inexpensive coverage for us. If something were to happen, the rates always go up.

Respondent #28 [Waiver]

I am worried about not being covered when I go to a medical facility and the insurance company doesn't cover it. It is hard to come up with the money on such short notice.

Respondent #29 [Waiver]

The high deductible is a worry for me. In order to have insurance and be self-employed, we have to have a high deductible in order to qualify for any insurance coverage.

Respondent #30 [Waiver]

Keeping costs low is what I am worried about. Availability is also a concern. I had to go to the Internet to find reasonable health insurance, and it was still hard to find. We still had to go through the waivers.

Respondent #31 [Waiver]

My biggest worry is affordability. We need to make sure the prices aren't outrageously expensive and that there is adequate coverage.

Respondent #32 [Waiver]

I am worried about long-term care and the cost associated with care in your older years.

Respondent #33 [Waiver]

Health care for my son and his preexisting condition is what I am worried about. The government needs to step in and do something because I can not think of a solution for this right now. The state should step in or the federal government should step in so that this won't destroy a family because of an illness of some sort. It would destroy us by making us sell everything we have to pay for that kind of bill. There is no other recourse if insurance companies won't cover you, and you have already been on Medicaid. The state took care of him when he was on Medicaid. However, they took him off it because I am a service veteran who was ruled 100% disabled through the military and also ruled unemployable.

Respondent #34 [Waiver]

The government taking over health care and the cost is what I am worried about. They want to take it away from private companies and have the government control it. They are already in control of too much.

Respondent #35 [Denied]

My daughter finding any insurance when she graduates is what I am worried about. First, she will have to find a job. Then we won't be paying COBRA anymore, and she's going to have to find insurance. She wants to take care of herself after she graduates but the COBRA expense on top of everything will make it difficult.

Respondent #36 [Denied]

My main worry is the cost of insurance. It all boils down to that.

Respondent #37 [Denied]

There is no issue I would like to address.

Respondent #38 [Denied]

I am probably most worried about people with existing problems being denied health care. I am overweight, and that is why I am being denied.

Respondent #39 [Denied]

I am worried about diabetics. What's happening to them is sad. You can not get insured, and your medications that you have to have are very expensive. That's very sad.

Respondent #40 [Denied]

I think the number one problem is prescription drug costs. There needs to be some kind of limit on what it costs the person.

Respondent #41 [Denied]

I am worried about the costs of hospital stays. People just can not really afford staying in a hospital even if insurance pays for 80 percent. Most people just cannot afford it.

Respondent #42 [Denied]

Affordable health care is my biggest worry. I know it's not a state level thing, but prescription drugs companies need to be able to go generic sooner.

Respondent #43 [Denied]

The prescription drug cost is my biggest worry. The cost is so high and my husband takes so many.

Respondent #44 [Denied]

I am most worried about heart disease. It can be a big medical expense and you can survive it, but it will eventually kill you.

Respondent #45 [Denied]

I am worried about getting chemicals out of our foods. It is causing a tremendous amount of problems for people like me. I developed an allergy from it. That turned into an asthmatic condition which caused me to go into two anaphylactic shocks linked directly to: Sodium Benzoate, EDTH, BHT, & Potassium Sorbate. It affected me like it does a child because I am a fair skinned, blonde haired and blue-eyed.

Respondent #46 [Denied]

I am worried about melanoma. It causes death. You get it from the sun. The ozone layer has changed and you need to be concerned about that. I am also worried about foods. There are too many insecticides in the foods and artificial things in it. Alzheimer's is another problem. My mother just passed away from that and it's a long term thing that is hard to take care of. There needs to be more research. Cancer is also a big worry. I will put that problem back on the foods. The government needs to keep the extra things out of foods.

Respondent #47 [Waiver]

The availability of covering people with preexisting conditions is my biggest worry. I feel that it is unfair that you are not treated for the preexisting condition when you go to the doctor.

Respondent #48 [Waiver]

For us, it is the Medicare prescriptions that are not covered. A concern is how to fund prescription care for the elderly.

Respondent #49 [Waiver]

There is no issue I would like to address.

Respondent #50 [Waiver]

Prescriptions for preexisting conditions that are too expensive overall is my biggest worry.

Respondent #51 [Waiver]

My family is young and healthy, and it is hard to reach the deductible. Baby visits are hard because the doctors charge so much due to malpractice insurance coverage.

Respondent #52 [Waiver]

There is no issue I would like to address.

Respondent #53 [Waiver]

There is no issue I would like to address.

Respondent #54 [Waiver]

My main worry is trying to pay-off health care bills. Insurance companies are not paying enough.

Respondent #55 [Waiver]

The policy cost and prescription costs are too high.

Respondent #56 [Waiver]

I think health care is just too expensive. I have been offered other coverage at much higher prices.

Respondent #57 [Denied]

There is no issue I would like to address.

Respondent #58 [Denied]

As I have said, my biggest concern is my pregnancy.

Respondent #59 [Denied]

My biggest worry is just being able to get insurance when you need it. Changing insurance companies and being denied is also a worry.

Respondent #60 [Denied]

There is no issue I would like to address.

Respondent #61 [Waiver]

There is no issue I would like to address.

Respondent #62 [Denied]

I worry about the fact that I cannot get a waiver for a preexisting condition, and therefore, I cannot get insurance.

Respondent #63 [Waiver]

Not having health insurance is my biggest worry. My husband doesn't have health insurance. However, I finally got one from my work. I think everybody should have health insurance. Everybody should have health care no matter what the problem is.

Respondent #64 [Denied]

Insurance is my biggest worry. I also worry about the availability at an affordable price for small business owners. The prescription costs compared to Canada for example are also a worry.

Respondent #65 [Denied]

There is no issue I would like to address.

Respondent #66 [Denied]

Affordable health care and prescriptions are the biggest health care issue I am worried about. Liability of health care is also a worry. I have a preexisting condition, and they will not allow me to have health care.

Respondent #67 [Denied]

I can't get insurance. I can't afford insurance.

Respondent #68 [Waiver]

I feel there should not be a preexisting condition clause. It keeps us in limbo not knowing if we have to come up with the money or not. That is my biggest concern.

Respondent #69 [Waiver]

I would like to see more preventative intervention regarding health care. That way, many issues could be prevented and we would not have to use the high costs of health care before it got out of hand. It should be regulated. The costs of all health care and education of preventive measures should be free.

Respondent #70 [Waiver]

My biggest worry is the cost and coverage for us. It is so expensive, and I end up paying for it anyway because of all the exclusions. The shots for the kids are excluded even when they are state mandated.

Waiver Project

Respondent #71 [Waiver]

I worry about being able to keep decent coverage at an affordable rate.

Respondent #72 [Denied]

There is no issue I would like to address.

Respondent #73 [Waiver]

I worry about whether or not we are going to be able to continue to afford to keep our coverage. You don't know if you can afford it at first and then you lose it.

Respondent #74 [Denied]

I am concerned with the history of blood pressure in my family. Even though my son is healthy, they still question it. If you have been turned down once, you are always turned down.

Respondent #75 [Denied]

Insurance is my worry. I just want to know that we are able to afford insurance to help deal with whatever came down the pipe.

Respondent #76 [Denied]

ADHD is my biggest worry. The cost of medication is extremely high.

Respondent #77 [Denied]

Hospitalization is my major concern. In case we should happen to get sick and if you have to have surgery, the high costs take a big chunk of people's savings. Most people don't even have that. Prescriptions costs are also a worry. You can get generic for a lot of things, but there are some that you can't get generic for. Therefore, it is too expensive...especially for seniors.

Respondent #78 [Denied]

Insurance premiums are too high. I can't understand why we are denied insurance.

Respondent #79 [Denied]

My biggest worry is not having insurance for a catastrophic illness. I am going to run out of COBRA next summer if I am not on a group plan.

Respondent #80 [Denied]

I worry about having enough insurance that it wouldn't clean me out if I had to go to the hospital. If I were to get sick now, I wouldn't be able to afford it without going into my pockets deeply.

Respondent #81 [Denied]

Lack of insurance for a lot of people is my worry. It is ridiculous that we are supposed to be the richest country in the world, and we have the health insurance we have. We can do nothing but argue about people going to National Guard meetings.

Respondent #82 [Denied]

I worry about cancer and somebody getting it. It's a risk, and I wouldn't want anybody to have it. I also worry about basic accidents like when someone breaks an arm or a leg. You will have to pay a lot for it in the hospital.

Respondent #83 [Denied]

Not having any health care insurance is our biggest worry. We can not get it because the prices are so high. I would rather not pay for it and take my chances than to pay for it.

Respondent #84 [Denied]

The issue and concern for me is being able to pay for any hospitalization that might occur.

Respondent #85 [Denied]

For me, I worry about health insurance. I pay \$465.00 a month for COBRA. Sexually transmitted diseases also worry me. People are too lax on it again. Obesity is also a concern. You are seeing more and more kids having type-two diabetes. That is from sitting and watching TV and not being active.

Respondent #86 [Denied]

I worry about the availability of insurance for folks with preexisting health conditions.

Respondent #87 [Denied]

I worry about being denied for a preexisting condition. I was denied for a condition which was hypertension and asthma. When you live in the area of Indiana with all the steel mills, you can't help but have asthma.

Respondent #88 [Denied]

If we can't find a self-employed program that would fit into our budget, we won't be insured.

Respondent #89 [Denied]

I worry about the future cost of health insurance.

Respondent #90 [Denied]

The cost of health care is what worries me.

Respondent #91 [Waiver]

I would like more affordable insurance. I'm just now able to get it, and my son is almost twelve. What the insurance companies will cover versus what you have to pay is also a concern.

Respondent #92 [Denied]

I worry about the deductibles. They seem to always raise the deductibles and the premiums, but they don't raise the coverage.

Respondent #93 [Denied]

I worry about diabetes. My husband has diabetes, and it runs in my family. I am at the age where I am able to get it. I am worried about the cost of insurance and the things that sugar diabetes can do to a person.

Respondent #94 [Denied]

I worry about a gigantic medical bill. My husband had a terrific hospital bill, and it just so happened he could afford to do it, but insurance cancelled him.

Respondent #95 [Waiver]

I worry about the cost of delivering a baby, the cost of emergency service and quality of emergency service.

Respondent #96 [Denied]

I worry about health care coverage and the affordability of health care plans.

Waiver Project

Q5. For you or your household, if there is one health care issue you are most worried about today, what would it be?

Respondent #97 [Denied]

I worry about finding health insurance and diabetes.

Respondent #98 [Waiver]

There is no issue I would like to address.

Respondent #99 [Waiver]

I worry about the cost of health care and difficulty getting insurance.

Respondent #100 [Waiver]

There are two issues I worry about. The first issue is cancer and my family members getting it. The second issue is pregnancy and daughter getting pregnant.

Respondent #101 [Waiver]

I worry about being able to pay our health care after the deductible which is too high.

Respondent #102 [Waiver]

There is no issue I would like to address.

Respondent #103 [Denied]

I worry about coverage and premiums. We don't have eye insurance because we can't afford it.

Respondent #104 [Denied]

I'm concerned about cancer because it runs in my family. My husband has heart problems. Trying to have health care and be able to afford it is my major concern.

Respondent #105 [Denied]

I worry that we won't have insurance. We are worried about prescription costs.

Respondent #106 [Waiver]

I worry about the rising costs of prescriptions and confidentiality of personal records. The extreme amounts awarded when attorneys get involved in suing health companies in legal battles is also a worry.

Respondent #107 [Waiver]

I am most worried about diabetes and trying to find a cure. Coronary heart disease is also a worry. I wish there were more preventive type things or pharmaceuticals that would help prevent plaque. Alzheimer's prevention is also a concern.

Respondent #108 [Waiver]

There is no issue I would like to address.

Respondent #109 [Denied]

It is too expensive to get insurance if you don't work for a business that offers it. If you don't have insurance, you can't afford to go to the doctor. This is what concerns me.

Respondent #110 [Denied]

Diabetes is my main worry. I lost my insurance because I got in a situation. Now, I can get only COBRA insurance.

Respondent #111 [Denied]

Health Insurance is my biggest worry. The problem is that my husband and I are neither at the retirement age. We cannot get jobs either because there are too few jobs. It is hard for someone to pay out of their pocket...even those who have been saving all of their lives.

Respondent #112 [Denied]

My biggest worry is arthritis. I have arthritis and the insurance companies reject me until I turn 65.

Respondent #113 [Waiver]

I just had one small problem, and it seems like it was not covering a lot for the small problem that I had. I had a kidney stone. Now, any intestinal problems, bladder problems, stomach problems or organs problems they do not cover.

Respondent #114 [Denied]

There is really nobody but me. I would say probably hospital stay is my biggest concern. I know it will happen before I die and making sure all of that is paid concerns me. That is why you have life insurance, which you can't afford either. I have a \$15,000.00 policy which I pay \$83.00 a month for.

Respondent #115 [Waiver]

I worry about prescriptions. It is inhibiting me to provide insurance for my baby. I worry about people that have a more limited scenario and those not getting their medicine could even lead to suicide, etc.

Respondent #116 [Waiver]

I worry about the cost of deductibles for preexisting conditions.

Respondent #117 [Denied]

At what point will they stop the rising costs of health insurance?

Respondent #118 [Denied]

I worry about ulcers because that runs in the family. I worry about not having access to chiropractors and therapy.

Respondent #119 [Denied]

I worry about obtaining insurance if my husband got laid off and paying for prescriptions.

Respondent #120 [Denied]

I worry about the availability of insurance, price of medication and affordable health care.

Respondent #121 [Denied]

I worry about the cost of health care.

Respondent #122 [Denied]

I can't get insurance for medical needs, and I can't pay it out of my pocket.

Respondent #123 [Denied]

I worry about insurance because I am self-employed and I'm paying really high premiums. The coverage is not that good. It's forcing some decisions that are probably not good long-term decisions as far as my health. I also worry about prevention. There are still a lot of kids still not getting their shots, kids with obesity and kids smoking. All adolescents should get anonymous help with birth control and STD help. Abortion should be available on demand. We need better mental health coverage and there needs to be new mental health alternatives. Everybody should have a therapist like everybody should have PCP.

Respondent #124 [Denied]

I worry that middle class people like me can't get insurance. It would take my whole paycheck to pay for my insurance. I can't find one that is affordable, and I end up without it. My daughter was denied too, and then we can't get on Hoosier Health Wise.

Respondent #125 [Denied]

I worry about going to the hospital. If I had to go to the hospital, I worry about all the bills. I guess the worst would be them recommending going to a follow-up doctor and not being able to afford it. Health insurance costs are very high and it is hard to get.

Respondent #126 [Waiver]

I'm afraid if we have claims on our policy they'll find a reason to drop us or they'll raise the rates so high we'll have to drop them. After that, where do we get insurance?

Respondent #127 [Denied]

Insurance is not affordable any more and I'm afraid my kids are not going to get sick and we'll have no where to turn.

Respondent #128 [Denied]

Health insurance costs are so high a normal middle-class family can't afford it.

DENIED A WAIVER

VERBATIM COMMENTS

Question 27

Q27. Why do you believe you are unable to obtain health insurance coverage?

Respondent #15 [Denied]

I had a biopsy taken on my shoulder that came back negative. However, the insurance company won't insure me because of it.

Respondent #35 [Denied]

I am not able to obtain health insurance because of a preexisting condition.

Respondent #36 [Denied]

I am not able to obtain health insurance because they said I am overweight, and I have asthma.

Respondent #37 [Denied]

My daughter is not able to obtain health insurance because she has acid reflux. She is just a baby. Most babies have it, and they grow out of it quickly. She can not get health insurance coverage because of it.

Respondent #38 [Denied]

I am not able to obtain health insurance because of a past medical condition and being obese. The past medical condition is mental health related.

Respondent #39 [Denied]

I am not able to obtain health insurance because I have diabetes. I am now 62 years old, and I have high blood pressure and arthritis. They only want to insure people that are completely healthy and that won't cost them anything.

Respondent #40 [Denied]

I am not able to obtain health insurance because I had an angioplasty eight years ago.

Respondent #41 [Denied]

I am not able to obtain health insurance because of my build, and because I am a big person.

Respondent #42 [Denied]

I am not able to obtain health insurance because of my age and weight. It just didn't look like a good ratio for them.

Q27. Why do you believe you are unable to obtain health insurance coverage?

Respondent #43 [Denied]

I am not able to obtain health insurance because they went to my doctor and back-tracked in my records 20 years. I also believe it is because of my age. I have a fibroid that I've had since my childbearing years.

Respondent #44 [Denied]

Preexisting conditions such as varicose veins are the reason I cannot get health insurance. I have a little bit of asbestos in one lung. Every time the insurance companies get wind of anything, they see it as a big risk of their monies. I hardly ever even get sick, and my wife has to even push me to go once a year for my annual checkup. I have never taken any drugs, and I am perfectly healthy. I have lived here for 25 years, and I have never been a burden on any hospital or any medical system in the states. There needs to be some more financial help for people on pension.

Respondent #45 [Denied]

I am not able to obtain health insurance because I am asthmatic. I have always been insured otherwise.

Respondent #46 [Denied]

If they deny everybody for every little thing it is ridiculous. High blood pressure and high cholesterol can be controlled. I don't think it is a reason for one to be denied health care coverage because of these things.

Respondent #57 [Denied]

I don't have health insurance because of my diabetes and asthma. I have retinopathy, and it is not covered. I couldn't get a waiver.

Respondent #58 [Denied]

I don't have health insurance because of my pregnancy and my husband's high cholesterol rating.

Respondent #59 [Denied]

I don't have health insurance because of a misdiagnosis.

Respondent #60 [Denied]

I don't have health insurance because I was considered high risk by their standards. Insurance didn't go into say why I was high risk, they just denied it.

Q27. Why do you believe you are unable to obtain health insurance coverage?

Respondent #62 [Denied]

I don't have health insurance because I have a preexisting condition and cannot get a waiver.

Respondent #64 [Denied]

I have preexisting conditions, and I am self-employed. That is why I don't have health insurance.

Respondent #65 [Denied]

I am now employed and not 65, so I have to get my own insurance.

Respondent #66 [Denied]

I was turned down by three companies and my company wanted to drop the health plan because of a preexisting condition.

Respondent #67 [Denied]

I don't have health insurance because I have preexisting conditions. I have very little money.

Respondent #72 [Denied]

I appealed the decision for them to not give me health insurance. Then they gave me a waiver, but we could not afford it and ended up canceling it.

Respondent #74 [Denied]

I am unable to obtain health insurance because of the history of the blood pressure problems in the family. I was not given any medication and then was denied.

Respondent #75 [Denied]

Having cancer mattered when we were looking for coverage. If you are a person that had something like cancer and you need coverage, I don't think you should be denied because you had an illness. I can't help that, and if I am willing to pay a premium then I should be covered. Even though I believe that I will be okay, just the fact that I have had cancer is a risk to them.

Respondent #76 [Denied]

Just one company as far as I know wouldn't cover me because of a diagnosis from years ago.

Respondent #77 [Denied]

They said because I have slight cataracts I couldn't get insurance.

Q27. Why do you believe you are unable to obtain health insurance coverage?

Respondent #78 [Denied]

I have been denied because I have very minor cataracts and that is all I have.

Respondent #79 [Denied]

I was denied because of cholesterol, asthma, and a height/weight ratio. I had high cholesterol, and I am currently on medication to lower it. I have used an inhaler a couple times in the last year. It is exercise induced asthma. They said that I was in excess of their standards for the height/weight ratio.

Respondent #80 [Denied]

They never give a straight answer, but I feel it is because of a prescription that I was on at the time called Zanax. Besides that, I am in tip-top shape.

Respondent #81 [Denied]

I was denied health insurance because I am a little overweight and have high blood pressure.

Respondent #82 [Denied]

I am unable to obtain health insurance because of a previous condition that is too personal to share.

Respondent #83 [Denied]

The cost of insurance is why I don't have insurance. It costs too much. I had to take blood pressure medicines, and they denied me. You should not get denied because of the prescriptions you have to take

Respondent #84 [Denied]

I am unable to obtain health insurance coverage because of a preexisting condition. It was a female problem, and I would just like to leave it at that.

Respondent #85 [Denied]

Insurance denied me because I have polycystic ovary disease and I am infertile. However, I don't understand why they are worried about the infertility. I also have irritable bowel syndrome. I have had to have a lot of testing done and they seem to think it is a bad thing. It is very treatable and it is due to stress. They are just putting more on me.

Q27. Why do you believe you are unable to obtain health insurance coverage?

Respondent #86 [Denied]

I have been turned down for health insurance. This is the third time I have been turned down in the state of Indiana for an insurance policy, and I did not know that waivers existed.

Respondent #87 [Denied]

I don't have insurance because I was denied for preexisting conditions.

Respondent #88 [Denied]

I'm unable to obtain health insurance because of preexisting conditions and affordability.

Respondent #89 [Denied]

I don't believe I am uninsurable. I only had a problem when I applied to one company. I don't have any preexisting conditions like AIDS or heart problems. The only thing they told me was I was over the weight to height scale.

Respondent #92 [Denied]

I don't have health insurance because of my heart attack two years ago.

Respondent #93 [Denied]

I'm on hormones and Prozac and I take Prozac to control the hormones. That is why I don't have health insurance.

Respondent #94 [Denied]

I think they said for my husband it was sleep apnea was the reason he was denied, but he has lost weight and doesn't get it any more. It must be age when you go from \$500.00 to \$900.00 a month.

Respondent #96 [Denied]

My company only offers health care once a year, and if you miss that date, you cannot get it. A preexisting condition is why I don't have health insurance.

Respondent #97 [Denied]

We are unable to obtain health insurance because we are diabetic.

Respondent #103 [Denied]

I have a preexisting disease and that is why I am unable to obtain health insurance.

Q27. Why do you believe you are unable to obtain health insurance coverage?

Respondent #104 [Denied]

We are unable to obtain health insurance because we just found out my husband has an enlarged heart.

Respondent #105 [Denied]

My husband had a heart attack eight years ago and that is why we are unable to obtain health insurance coverage.

Respondent #109 [Denied]

I don't have health insurance because I have a preexisting illnesses and it is too expensive.

Respondent #110 [Denied]

I don't have health insurance because I lost my Cobra and was not able to pay that much for Cobra. I came because of my health condition, which is diabetes.

Respondent #111 [Denied]

I am unable to obtain health insurance because of a preexisting condition which was back problems. I have developed other conditions since I have had that problem which has been over five years ago.

Respondent #112 [Denied]

I do have to have a small amount of medication, but that's not anything worth denying me over.

Respondent #114 [Denied]

I don't have health insurance because I can not afford it. The cheapest one I can find is \$550.00 a month. When you make what I do, that's not enough.

Respondent #118 [Denied]

I am unable to obtain health insurance because of my previous health condition which is gestational diabetes and thyroid conditions. There is no way I could pay \$600 or \$700 a month for insurance.

Respondent #119 [Denied]

I am unable to obtain health insurance because of a problem that I have with producing too many kidney stones

Q27. Why do you believe you are unable to obtain health insurance coverage?

Respondent #120 [Denied]

I am denied health insurance because they told me that I had preexisting conditions. Also, the cost of insurance is too high.

Respondent #121 [Denied]

I am unable to obtain health insurance because of preexisting conditions. I am currently unemployed.

Respondent #122 [Denied]

My medication is the reason I don't have health insurance. I have a heart condition, and the present medication that I take got me rejected from insurance. They turned me down over my medical history.

Respondent #123 [Denied]

I was turned down for insurance for very small things like my age and my borderline diabetes with my family history. Another thing that got me turned down was a long-term history of anti-depressant use...which was heinous. They think that anybody that is ever on anti-depressants is a candidate for suicide, and if they have both, than they have a vegetable to take care of. They expect everyone to have perfectly honed brain chemistry.

Respondent #124 [Denied]

I have been denied insurance because of my high blood pressure. Affordability is also an issue.

Respondent #125 [Denied]

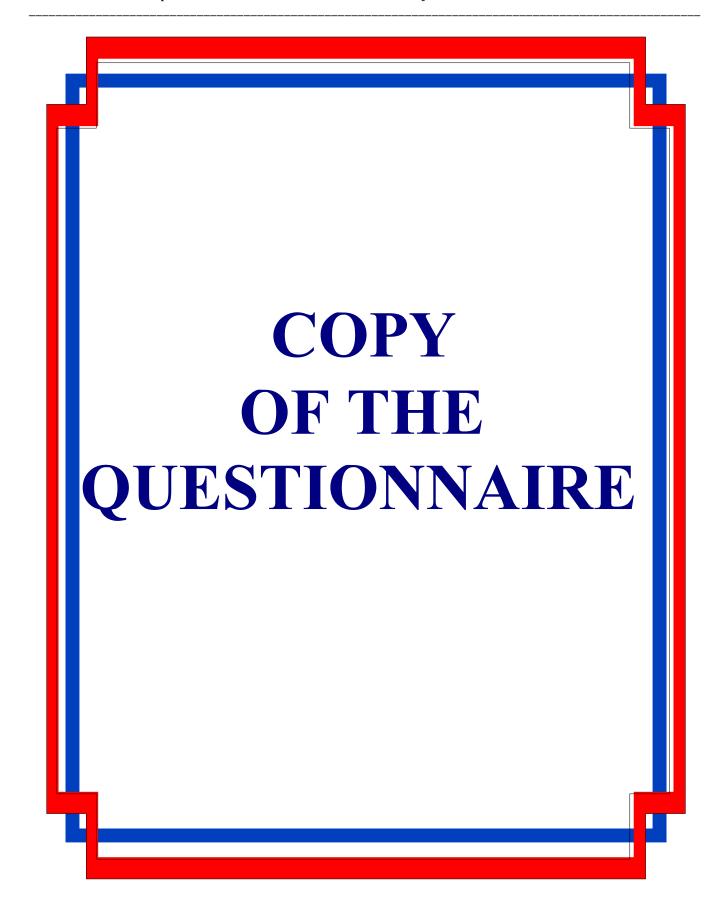
I got denied because of my preexisting conditions which are controlled blood pressure and cholesterol. Another reason that I was denied is because I am 5'3" and 156 lbs, and they said I am too fat based on my height and weight ratio.

Respondent #127 [Denied]

Insurance companies are cold people, if you're not a completely healthy person they don't want anything to do with you.

Respondent #128 [Denied]

I had a common health problem a few years ago and now they say my preexisting condition makes me ineligible for health insurance.



INDIANA DEPARTMENT OF INSURANCE

WAIVER SURVEY

INTRODUCTION

this ca	II. I am calling for the Indiana Depa s mandated that we contact and inte	-	apany representative to inform you of	
waiver you we Insura call-ba	e are not selling anything; we are leg	rview all persons that havition. This interview will gally collecting information. [If NO – Ask to sched	ve been issued insurance with a take just a few minutes. I can assuron for the Indiana Department of tule a call-back for later. Record the	
Q.1			headed in the right direction, or do rong track in Indiana? DK or Refused 3	
Q.2	Indiana to offer Hoosiers health ca 1) all preexisting conditions should	re with a waiver for a pred be eligible for a waiver, ance companies should red to deny coverage to any part of the second secon	eceive a waiver, or 3) Indiana should	
Q.3	The State Legislature has allowed three health insurance companies providing health coverage plans in Indiana to test a plan to offer health care to Hoosiers with a waiver for a preexisting condition. A waiver recognizing the preexisting condition is issued to the insured for two years after that period, the preexisting condition is fully covered by the health plan. The insurance companies want the waiver to be in effect for at least five years, the State of Indiana said two years . The insurance industry says a waiver period extended to five years would encourage other insurance companies to also offer preexisting condition waivers to Hoosiers, thus providing more Hoosiers with health care. Would you strongly support, somewhat support, somewhat oppose, or strongly oppose extending the waiver period from two years to five years .			
	Strongly Support Somewhat Support	2 Strong	what Oppose	

INDIANA DEPARTMENT OF INSURANCI
WAIVER SURVEY
D 4

Page 2

Q.4 What would you say is the most important health care problem the governor and the state legislature should address in the next legislative session?

[Interviewer: PROBE for a Substantive Response]

[OPEN END VERBATIM RESPONSE QUESTION]

Q.5 For you or your household, if there is one health care issue you are most worried about today, what would it be?

[Interviewer: PROBE for a Substantive Response]

[OPEN END VERBATIM RESPONSE QUESTION]

Q.6 In general, how do you feel about the overall health care service you and members of your household have received the last five years? Would you say you are Very Satisfied, Somewhat Satisfied, Somewhat Dissatisfied, or Very Dissatisfied?

Very Satisfied 1	Somewhat Dissatisfied 3
Somewhat Satisfied 2	Very Dissatisfied 4
	Don't Know 5

Q.7 In general, how do you feel about your current insurance company and the health care coverage they have provided? Would you say you are Very Satisfied, Somewhat Satisfied, Somewhat Dissatisfied, or Very Dissatisfied?

Very Satisfied 1	Somewhat Dissatisfied 3
Somewhat Satisfied 2	Very Dissatisfied 4
	Don't Know 5

Q.8 Have you been without health insurance coverage at any time in the past five years?

Q.9 If "YES" to Q.8 – Ask: How long were you without health insurance coverage during that last five years?

Less than one year...1 Three to four years....3
One to two years.....2 Five years......4

INDIANA DEPARTMENT OF INSURANCE WAIVER SURVEY Page 3 **Q.10** Do you currently have health insurance coverage? YES.....1 NO.....2 [Skip to Q.27] **Q.11** Would you describe your insurance plan as health care coverage with a waiver? That is to say you have health insurance coverage, but a waiver was issued by the company that states you will not be covered for a preexisting condition during a specific time period. YES.....1 NO.....2 [Skip to Q.27] Which of the following insurance companies issued you a policy for health insurance coverage Q.12 with a waiver for a preexisting condition – Central Reserve Life, Continental General, or Unicare? **Central Reserve Life...1** Unicare.....3 Continental General....2 Don't Know.....4 Q.13 Does your current health insurance coverage have one preexisting condition waiver, two preexisting condition waivers, or three or more preexisting conditions waivers? One Waiver.....1 Three or More Waivers.....3 Two Waivers.....2 Don't Know4 Q.14 Did you have health insurance coverage prior to your current health plan with another insurance company? YES.....1 [Skip to Q.16] [Go to Q.15] NO.....2 Q.15 Were you without health insurance coverage because of your preexisting condition? YES.....1 [Skip to Q.18] NO.....2 [Skip to Q.18] **Q.16** If "YES" to Q.14 – Ask: Was your current preexisting waiver also excluded from your prior health insurance coverage? YES.....1 [Skip to Q.18] NO.....2 Q.17 If "YES" to Q.16 – Ask: How long was the preexisting waiver period with your prior health insurance company? Less than one year...1 Four years.....4 **Two years.....2** Five years.....5 Three years.....3 Six to Ten Years.....6

INDIANA DEPARTMENT	OF	INSURAN	ICE
WAIVER SURVEY			

WAIN Page 4	4
Q.18	Did you receive a written notice, in bold print, explaining all the conditions of your current waiver from your insurance company prior to the issuance of your current health insurance plan? YES Don't Know3
Q.19	To the best of your knowledge, are you allowed to request removal of your waiver if you believe the preexisting condition no longer exists? YES Don't Know3
Q.20	Did you receive an insurance benefit card from your insurance company with a telephone number you could call for verification of the waiver? YES Don't Know3
Q.21	Did you personally seek medical advice or was medical advice offered to you concerning your preexisting condition any time in the twelve months preceding your present health insurance coverage with the waiver? YES Don't Know3
Q.22	Now, I would like to ask your opinion of your current health care insurance coverage? Picture a scale of 1 to 10, where "10 is a HIGH POSITIVE OPINION and "1 is a very LOW NEGATIVE OPINION. You may select any number between 1 and 10. How would you rate your Low Opinion Current Health Plan 12
Q.23	At the end of your preexisting waiver time period, do you believe your insurance company will continue to provide you with health insurance at the normal plan rate, continue your coverage but at a much higher rate, or do you believe they will find cause to terminate your health insurance coverage? Will Continue Coverage1 Continue At Higher Rate2 Don't Know4
Q.24	Would you have been willing to purchase your health coverage without a waiver at 20% higher premium costs? YES1

Don't Know.....3

NO.....2

INDIANA DEPARTMENT OF INSURANCE	H
WAIVER SURVEY	
Page 5	

Q.25	say for five years instead of t YES1	g to purchase your health coverage if the waiver period was longer wo years? Don't Know3
Q.26	insurance coverage helps Ho without the exclusion waiver companies from paying healt Helps Hoosiers	1
	Helps Insurance Companie	es2 Don't Know3
****	NOTE: All respond	lents to Q.26 must skip to Q.31 ****
The	Waiver Denial (Questions:
Q.27	Why do you believe you are [Interviewer: PRO]	unable to obtain health insurance coverage? BE for a Substantive Response]
	[OPEN EN	D VERBATIM RESPONSE QUESTION]
Q.28		ition that insurance companies will not insure, did you ge before you were found to have an exclusionary
		Don't Know3
Q.29	past two years?	for health coverage by insurance companies in the
	YES1 NO2	Don't Know3
Q.30		epartment of Insurance after you were denied health vaiver by any insurance company?
	NO2	Don't Know3

INDIANA DEPARTMENT OF INSURANCE WAIVER SURVEY

Page 6

These next few questions concern your opinion on healthcare public policy issues. As I read the statement tell me if you Strongly Agree, Somewhat Agree, Somewhat Disagree, or Strongly Disagree with each statement.

Q.31 Everybody, regardless of income or health status, should have the right to the same amo same quality of health care service.			
	Strongly Agree 1 Somewhat Agree 2	Somewhat Disagree	
Q.32	Q.32 Hospitals and doctors should not be forced to treat patients who have no insurance and afford to pay for the cost of the services.		
	Strongly Agree 1 Somewhat Agree 2	Somewhat Disagree	
Q.33	Nobody should be refused health car Strongly Agree 1 Somewhat Agree 2	e services that they need just because they can't pay for it. Somewhat Disagree	
Q.34	Government should make sure every care. Strongly Agree	Somewhat Disagree	
	just a couple of more questions How old were you on your last birthda [Read choice 18 to 24	es if the respondent refuses] 1	
Q.36	NOTE TO THE INTERVIEWER: F MALE1	Record respondent's sex without asking. FEMALE2	
Q.37	What county do you live in? An alphabetical list of all 92 India appear on the screen for the interv		

THANK YOU VERY MUCH FOR YOUR COOPERATION.

INDIANA DEPARTMENT OF INSURANCE WAIVER SURVEY Page 7

INDIANA DEPARTMENT OF INSURANCE WAIVER DENIAL SURVEY

INTRODUCTION

Hello,	, may I speak with [Specific Person's Na	nme]	
Assem have be few mi Indiana back for and day	on for Call: I am calling for the Indiana Inbly. The Department of Insurance has been denied insurance because of a preeximutes. I can assure you we are not selling Department of Insurance and the India for later. Record the call-back schedule asy.]	mandated that we contact and sisting health condition. Thing anything; we are legally cana State Legislature. [If NC	d interview all persons that s interview will take just a collecting information for the O – Ask to schedule a call-
Q.1	Overall, would you say available healt		_
	you feel health care has gotten pretty s	2	
	Right Direction 1	Wrong Track 2	DK or Refused 3
Q.2 If the Indiana State Legislature allows insurance companies providing health coverage plandiana to offer Hoosiers health care with a waiver for a preexisting condition, do you thin 1) all preexisting conditions should be eligible for a waiver, 2) only certain preexisting conditions determined by the insurance companies should receive a waiver, or 3) Indiana not allow the insurance companies to deny coverage to any preexisting condition? All conditions be eligible			g condition, do you think v certain preexisting a waiver, or 3) Indiana should
	Don't Know		
	Don t MIOW	т	

QUESTIONS CONTINUE WITH THE SKIP PATTERNS LISTED ABOVE

All "Denied Waiver Respondents will be asked the following questions:

Questions 1 to 10 – SKIP TO – Questions 27 to 37

A HELPFUL READERS GUIDE

Subject	Pages	
1. Information About The Survey	3 to 5	
 Survey Highlights: The Most Salient Findings Survey Highlights: The Waiver Respondents Survey Highlights: Respondents Denied A Waiver Survey Highlights: All Respondents Survey Highlights: Public Policy Questions 	7 to 11 12 to 16 17 to 17 18 to 19 20 to 23	
7. Executive Summary The questions in the survey are discussed in the order in which they appeared in the questionnaire. All respondents are identified as one group, while the waiver recipients are identified as a subgroup, and the respondents that were denied a waiver are also identified as a subgroup.		
8. The Verbatim Comments from Question 49. The Verbatim Comments from Question 510. The Verbatim Comments from Question 27	65 to 84 86 to 100 102 to 108	
11. Copy of the Questionnaire	110 to 116	
12. A Helpful Readers Guide	117 to 117	